

**THE WILKINSBURG-PENN JOINT AUTHORITY  
RIGHT TO KNOW POLICY LT/TO/00 ACCOUNTS**

- Anyone requesting the **SHUT OFF DATE, AMOUNT DUE TO STOP SHUT OFF & TOTAL AMOUNT DUE**, on any account can obtain that information without a Right-To-Know.
- Any lien requests filled out on a Right-To-Know form need to be given to a supervisor for completion.
- Any Right-to-Know requests that are 5 pages or more will be charged .25 per page. Any requests between 1-4 pages will not be charged as a courtesy from the Wilkinsburg-Penn Joint Water Authority

OWNER OCCUPANT (OO)	LANDLORD/TENANT (LT)	TENANT OCCUPANT (TO)
After verifying, (OO) can request information on account without filling out Right to Know	Landlord can request information without Right to Know	Tenant has the right to request information without a Right to Know
An authorized person can request information on account without filling out Right to Know	Tenant will need Right to Know when wanting information of account	An authorized person can request information on account without filling out Right to Know
An authorized person CANNOT request a Perm on/off but CAN request a delinquent turn on	A tenant can request a delinquent turn on after verifying tenant resides at property with the following questions: 1.) What is name of landlord? 2.) What is the full service address? (including zip code)	An authorized person CANNOT request a Perm on/off but CAN request a delinquent turn on
	Documentation must be made on the account when verifying that tenant lives here – include their name	Landlord can request information without Right to Know

**The Wilkinsburg Penn Joint Water Authority**  
**2200 Robinson Blvd.**  
**Pittsburgh, Pa. 15221**  
**412-243-6200 Fax 412-243-6210**

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:** \_\_\_\_\_

**REQUEST SUBMITTED BY:** U.S. MAIL FAX IN-PERSON

**NAME OF REQUESTOR :** \_\_\_\_\_

**STREET ADDRESS :** \_\_\_\_\_

**CITY/STATE/COUNTY (Required):** \_\_\_\_\_

**TELEPHONE (Optional):** \_\_\_\_\_

**RECORDS REQUESTED:**

*\*Provide as much specific detail as possible so the agency can identify the information.*

**DO YOU WANT COPIES?** (25 cents a copy) YES or NO \_\_\_\_\_

**AUTHORITY REPRESENTATIVE:** \_\_\_\_\_

**DATE RESPONDED:** \_\_\_\_\_

Must be within 5 days of the Request Date

*Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*