## **SOUTHWEST REGIONAL OFFICE Informal Request to Review Files**

(NOTE: THIS FORM IS NOT TO BE USED FOR A PA RIGHT TO KNOW LAW REQUEST)

YOUR NAME:	DEP USE
YOUR COMPANY NAME:	CALL RECEIVED/RETURNED
ADDRESS:	DATE:
TELEDITONE.	
TELEPHONE:	
FILES NEEDED FOR REVIEW: (Please circle)	
AIR QUALITY ENVIRONMENTAL (	CLEANUP WASTE MANAGEMENT
WATER MANAGEMENT STORAGE	ANKS WATERSHED MANAGEMENT
WATER SUPPLY MANAGEMENT OIL & GA	S WELLS RADIATION PROTECTION
TIME FRAME: 1 year 2 years	3 years or years back
COUNTY: (Please circle)	
ALLEGHENY ARMSTRONG BEA	AVER CAMBRIA FAYETTE
GREENE INDIANA SOMERSET W	ASHINGTON WESTMORELAND
SITE NAME MU	NICIPALITY PERMIT NO.
TO RETURN: FAX: 412-442-4098	
MAIL: ATTN CENTRAL SERV	
DEPARTMENT OF ENV 400 WATERFRONT DR	VIRONMENTAL PROTECTION
PITTSBURGH PA 1522	