

Open Records Office  
1 Fourth Street  
Chester, PA 19013  
Fax: 610-447-7794



# OPEN RECORDS REQUEST FORM

Name: \_\_\_\_\_

Date Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Request Submitted by (please check one):  Email  US Mail  Fax  In-person

Street Address: \_\_\_\_\_

City/State/Zip/County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please identify each of the documents that are subject to this request in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one of the following:

- I am only requesting access to the documents identified above
- I am only requesting a copy of the documents above.
- I am requesting access to the documents identified above and a copy of those documents.

If you are requesting a copy of the documents identified above, please specify the format below:

- Paper copy
- Other format (please specify) \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_