



Open Records Office
1 Fourth Street
Chester, PA 19013
Fax: 610-447-7755

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: _____ Email: _____

RECORDS REQUESTED: * Provide as much specific detail as possible so the agency can identify the information. **Please use additional sheets if necessary**

DO YOU WANT COPIES? YES OR NO

DO YOU WANT TO INSPECT THE RECORDS ON SITE? YES OR NO

DO YOU WANT CERTIFIED COPIES OR RECORDS? (Certification fee may apply) YES OR NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES or NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES IT IS A REQUIRED DOCUMENT IN YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER:

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702). Written requests need not to include an explanation why the information is sought or the intended use of the information unless otherwise required by law. (Section 703)