



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: \_\_\_\_\_ 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 \*\***

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**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)*