Open Records Office
Candice Newsome, Open Records Officer
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Chester, PA 19013
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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: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. Requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.* **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:**

30-Day Ext.? ☐ Yes ☐ No (If Yes, Final Due Date: _____) Actual Response Date: _____

Request was: ☐ Granted ☐ Partially Granted & Denied ☐ Denied Cost to Requester: $_____

☐ Appropriate third parties notified and given an opportunity to object to the release of requested records.

NOTE: *In most cases, a completed Open Records Request form is a public record.*
More information about the Open Records/Right-to-Know Law is available at https://www.openrecords.pa.gov