

Upper Chichester Township

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OPEN RECORDS REQUEST FORM

Name of Requester

(Please Print) Last, First MI

Signature: _____

Date: _____

Mailing Address: _____

Street/ PO Box

City

State

Zip Code

Telephone Number: _____ Fax Number: _____

Email Address: _____

Please identify each of the documents that are subject to this request. You must identify these documents with sufficient specificity so we may ascertain whether we have these documents and how to locate them.

Please check one of the following boxes:

- I am only requesting access to the documents identified above
- I am only requesting a copy of the documents identified 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 check one of the following boxes:

- I want a paper copy of the documents
- Other format (please specify): _____