



## MIDDLETOWN TOWNSHIP OPEN RECORDS OFFICE

3 Municipal Way

Langhorne, PA 19047

Phone: 215-750-3800, ext. 141

Fax: 215-750-3801

### OPEN RECORDS REQUEST FORM

*Please print legibly*

Date of Request: \_\_\_\_\_

Requestor's Name (\*Optional): \_\_\_\_\_

Requestor's Street Address (\*Optional): \_\_\_\_\_

City/State/County (Required): \_\_\_\_\_

Requestor's Telephone (\*Optional): \_\_\_\_\_

\* The Township must fill anonymous verbal or written requests. **HOWEVER, IF THE REQUESTOR WISHES TO PURSUE THE RELIEF AND REMEDIES PROVIDED FOR IN THE RIGHT-TO-KNOW LAW, THE REQUEST MUST BE IN WRITING.**

I request (review) (duplication) [Circle one] of the following records. **Important:** You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

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

I certify that I am a legal resident of the United States.

\_\_\_\_\_  
Signature of Requester

This request may be submitted in person, by mail or by facsimile to:  
Right-to-Know Officer, Middletown Township  
3 Municipal Way, Langhorne, PA 19047.

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*For Office Use Only:*

**Date Received:** \_\_\_\_\_

Action Taken: \_\_\_\_\_ Right-To-Know Officer: \_\_\_\_\_

# Copies: \_\_\_\_\_ Postage: \_\_\_\_\_ #Disks/DVD: \_\_\_\_\_ #Fax'd: \_\_\_\_\_ (Staff: \_\_\_\_\_)

Total Cost: \_\_\_\_\_ Date Mailed/Faxed/Picked-up: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Requestor's Signature & Date: \_\_\_\_\_