

OPEN RECORDS REQUEST FORM

Phone: 215-750-3800, Ext. 1141

Fax: 215-750-3801

Please print legibly

Date of Request: _____

Requestor's Name (*Optional): _____

Requestor's Street Address (*Optional): _____

City/State/County (Required) _____

Requestor's Telephone (*Optional): _____

Fax Number, if info is to be faxed: _____

Email Address, if info is to be emailed: _____

*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 Requestor

**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**

For Office Use Only:

Date Received: _____

Action Taken: _____ Right-to-Know Officer: _____

#Copies: _____ Postage: _____ #Disks/DVD: _____ #Faxed: _____ (Staff: _____)

Total Cost: _____ Date Mailed/Faxed/Picked-up: _____

Date Paid: _____ Requestor's Signature & Date: _____