

**EAST EARL TOWNSHIP
OPEN RECORDS REQUEST FORM**

DATE REQUESTED: _____

NAME _____

ADDRESS _____

PHONE NUMBER (optional) _____

DESCRIPTION OF RECORDS *(For more space, continue on back)*

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

INSTRUCTIONS: PICK-UP FAX MAIL DISK EMAIL

For Office Use Only:

OPEN RECORDS OFFICER: _____

DATE RECEIVED BY TWP. _____ 5-DAY RESPONSE DUE DATE _____

FEES: Copies _____ Postage _____ Disk _____ Fax _____ Cert.Fee _____

TOTAL COST _____

DATE REQUEST FULFILLED _____ (PICKED UP FAXED MAILED)