

**REQUEST FOR INFORMATION FORM
WEST PIKELAND TOWNSHIP
1645 Art School Road
Chester Springs, Pa. 19425
Phone: 610-827-7660 Fax: 610-827-9141
Email: office@westpikeland.com
Web site: www.westpikeland.com**

Date Requested: _____ Public Request No. _____ - 20 _____

Request Submitted By: _____ E-MAIL _____ U.S. MAIL _____ FAX _____ IN-PERSON

Name of Requestor (Optional): _____
(attach business card if applicable)

Street Address (Optional): _____

City/State/County (Required): _____

Telephone (Optional): _____ Fax (Optional): _____

Email address (Optional): _____

DESCRIPTION OF REQUESTED INFORMATION (Provide as much specific detail as possible so the Township can identify the information) (If additional sheets are required they must be stapled and the total pages included below)

Specify year(s) for material being requested (if applicable): _____

Do you want to inspect the records? YES or NO Do you want copies? YES or NO

If yes instructions for delivery of requested information

_____ PICK-UP _____ FAX _____ MAIL _____ E-MAIL _____ DISK/CD(provided)

_____ OTHER (explain _____)

Do you want certified copies of records? YES or NO

* Public bodies must fill anonymous requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.)

** Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)

***Requests are subject to the fees established by the Township as allowed by the Act.

For Office Use Only:

Date Request for Information Received _____ Open Records Officer _____

5 Business Days from Date of Receipt of Request _____

Extension Letter Mailed Y/N (circle one) Approval of Extension beyond 30 days Y/N

Date Extension Letter Provides for Fulfilling Request _____

DATE REQUEST FULFILLED _____ Open Records Officer _____

Request Fulfilled by:

Picked Up _____ Faxed _____ Mailed _____ Emailed _____ Other _____

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