

**REQUEST FOR INFORMATION FORM**  
**WEST PIKELAND TOWNSHIP**  
**1645 Art School Road**  
**Chester Springs, Pa. 19425**  
**Phone: 610-827-7660 Fax: 610-228-3477**  
**Email: [office@westpikeland.com](mailto:office@westpikeland.com)**  
**Web site: [www.westpikeland.com](http://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.

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**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 \_\_\_\_\_