



HONEY BROOK TOWNSHIP BOARD OF SUPERVISORS

COUNTY OF CHESTER

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RECORD REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/ZIP(Required): _____

TELEPHONE (Optional): _____ EMAIL (optional): _____

RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information. **Please use additional sheets if necessary**

DELIVERY INSTRUCTIONS: PICK-UP HARD COPY FAX MAIL EMAIL

DO YOU WANT TO INSPECT THE RECORDS IN PERSON? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES. IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

-----FOR TOWNSHIP USE ONLY-----

OPEN-RECORDS/RIGHT-TO-KNOW OFFICER:

I have provided notice to appropriate third parties giving them an opportunity to object to this request

DATE RECEIVED:

COPIES COST:

OTHER COST (if applicable):

FIVE (5) BUSINESS DAY RESPONSE DUE:

TOTAL:

PAID BY: _____ CASH

DATE REQUEST FULFILLED:

BY (INITIALS):

_____ CHECK

***Public bodies may fill anonymous verbal or written 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.)*