



OPEN RECORDS REQUEST FORM

Date Requested:

Request submitted by:      e-mail      US Mail      Fax      In-person

NAME OF REQUESTER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**RECORDS REQUESTED:**

\*Provide as much specific detail as possible so the agency can identify the information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU WANT TO PURCHASE COPIES OF THE RECORDS OR INSPECT THEM IN THE OFFICE? \_\_\_\_\_

\*Copies required to review Police Dept. Records

DO YOU WANT CERTIFIED COPIES?      Yes      No

DO YOU WANT TO PICK UP THE RECORDS OR HAVE THEM MAILED? \_\_\_\_\_

DATE RECEIVED BY THE TOWNSHIP:      FEE: \$

RIGHT TO KNOW OFFICER:      Jamie Yiengst

*If the requestor wishes to pursue the relief and remedies provided for in Act 3, 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.)**