



Lower Providence Township

100 PARKLANE DRIVE • EAGLEVILLE, PA 19403

Phone: (610) 539-8020 Fax: (610) 539-6347

E-mail: admin@lowerprovidence.org

www.lowerprovidence.org



REQUEST FOR INFORMATION FORM

DATE REQUESTED: _____

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

NAME: _____

ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE: _____ **EMAIL** _____

RECORDS REQUESTED: *(Please provide as much specific detail as possible)*

Do you want copies? YES or NO

Duplication fee: 25 cents per page

Accident Report: \$15.00

Incident Report: \$20.00

Do you want to inspect the records? YES or NO

Signature

Date

Submit completed forms to the Administration Building, 100 Parklane Drive, Eagleville, PA 19403

Township Use Only	
Request No.:	Action Taken:
Date Received:	Date of Approval:
Five (5)-Day Response Due:	Date Denial Notice Mailed:
Est. Fee:	Date Additional Review Notice Mailed:
Total Paid:	Records reviewed/Picked up:
Signature of Open Records Officer:	