



# Lower Providence Township

100 PARKLANE DRIVE • EAGLEVILLE, PA 19403

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

E-mail: [openrecordsrequest@lowerprovidence.org](mailto:openrecordsrequest@lowerprovidence.org)

[www.lowerprovidence.org](http://www.lowerprovidence.org)



## REQUEST FOR RECORDS FORM

**DATE REQUESTED:**

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

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP/COUNTY:**  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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

**Do you want copies?**    YES    NO

Duplication fee: 25 cents per page      Oversized documents: Cost of outsourcing

Accident Report: Available at [www.crashdocs.org](http://www.crashdocs.org)

Incident Report: \$20.00

**Do you want to inspect the records?**    YES    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:	