

Lower Providence Township

100 PARKLANE DRIVE • EAGLEVILLE, PA 19403 Phone: (610) 539-8020 Fax: (610) 539-6347 E-mail: <u>openrecordsrequest@lowerprovidence.org</u> www.lowerprovidence.org



REQUEST FOR INFORMATION FORM

DATE REQUESTED:				
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON
NAME:				
ADDRESS:				
CITY/STATE/ZIP/COUNTY:				
TELEPHONE:	E	MAIL		
RECORDS REQUESTED: (Pleas	e provide as muc	ch specific detail a	as possible	э)
Do you want copies ? YES Duplication fee: 25 cents per page Accident Report: Available at www.c Incident Report: \$20.00	Oversized do	ocuments: Cost o	f outsourc	ing
Do you want to inspect the rec	ords? YES	NO		
Signature				Date
Submit completed forms to the Ac	Iministration Bu	ilding, 100 Parkl	ane Drive	۶, Eagleville, PA 19403
Township Use Only				
Request No.:	Λ - 1	ion Taken:		
Date Received:		Date of Approval:		
Five (5)-Day Response Due:				

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:	