

Open Records Request Form

Date of Request: _____

Requestor's Name: _____

Requestor's Street Address: _____

City/State/County: _____

Requestor's Telephone: _____

Email Address: _____

I request (review) (duplication) [Circle one] of the following records.

Important: *Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL request must seek records, not ask questions. Use additional sheets if necessary.*

By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. *I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.*

Signature of Requestor

This request may be submitted in person,
by mail (3 Municipal Way Langhorne, PA 19047)
or emailed to:

ToOpenRecords@middletownbucks.org

For Office Use Only.

RTK#: _____

Date received by Township: _____

Five (5) Day business Due: _____

30-Day Extension Requested: _____

30-Day Extension Request Due: _____