

South Coventry Township

1371 New Philadelphia Road
Pottstown, PA 19465
Phone: (610) 469-0444 Fax: (610) 469-0520

Open Records Request Form

Name of Requestor: _____

Address: _____

Phone Number: _____ Fax Number: _____

Description of Records: (provide as much detail as possible so records can be quickly identified)

Please check one of the following boxes:

- I want to inspect records only
- I want a copy of the records (fees apply)
- I want a certified copy of the records (additional fee)

If requesting copies of records please specify if you:

- will pick-up documents at Township Office
- wish them to be mailed to address listed above (postage charged)

I hereby certify that I am a legal resident of the United States.

Signature of Requestor

Date

For Office Use Only:

Date Request Received: _____ Initials of Staff Member: _____ # of Copies: _____

Date of Response: _____ Date Information: Picked up: _____ Mailed: _____