

COUNTY OF MONTGOMERY, PA
Joshua M. Stein, First Assistant Solicitor

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OPEN RECORDS REQUEST FORM

DATE OF REQUEST:

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

NAME OF REQUESTER:

STREET ADDRESS:

CITY/STATE (Required):

TELEPHONE AND E-MAIL (Optional):

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

For Internal Use Only

DATE RECEIVED BY COUNTY OPEN RECORDS OFFICE:

FIVE (5)-DAY RESPONSE DUE DATE:

APPLICABLE FEES:

NOTICE REQUIRED: District Attorney	Yes	No
Other Law Enforcement	Yes	No
Proprietary or Trade Secret	Yes	No
Personal Privacy Interest	Yes	No