



REQUEST FOR INFORMATION FORM
Borough of West Chester
401 E. Gay Street
West Chester, PA 19380
610-692-7574 – (fax) 610-436-0009

Date Requested: _____ Public Request No. _____ - 20_____

Request Submitted By: E-MAIL U.S. MAIL FAX IN-PERSON

Name of Requestor: _____

(attach business card if applicable) Property Owner Yes No

Street Address: _____

City/State/County (Required): _____

Telephone (Optional): _____ Fax (Optional): _____

Email address (Optional): _____

DESCRIPTION OF REQUESTED INFORMATION (Provide as much specific detail as possible so the Borough can identify the information) (If additional sheets are required they must be stapled and the total pages included below)

Specify year(s) for material being requested (if applicable): _____

Do you want to inspect the records? YES NO Do you want copies? YES NO

If yes instructions for delivery of requested information

PICK-UP FAX MAIL E-MAIL DISK/CD(provided)

OTHER (explain _____)

Do you want certified copies of records? YES NO



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For Office Use Only:

Date Request for Information Received _____ Open Records Officer _____

5 Business Days from Date of Receipt of Request _____

Extension Letter Mailed Y/N (circle one) Approval of Extension beyond 30 days Y/N

Date Extension Letter Provides for Fulfilling Request :

Date Request Fulfilled: _____ Open Records Officer _____

Request Fulfilled by:

Picked Up _____ Faxed _____ Mailed _____ Emailed _____ Other _____

List of Documents Provided: