

BOROUGH OF YOUNGWOOD
OPEN RECORDS REQUEST FORM

Diane M. Schaefer, Open Records Officer

Borough of Youngwood

17 South 6th Street

Phone: 724-925-3660

Youngwood, PA 15697

Fax: 724-925-2121

DATE REQUESTED: _____

REQUEST SUBMITTED BY: _____ MAIL _____ FAX _____ IN-PERSON

NAME OF REQUESTOR: LAST _____

FIRST _____

BUSINESS NAME: _____

(IF APPLICABLE)

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____

TELEPHONE: _____

RECORDS REQUESTED: Provide as much specific detail as possible.

DO YOU WANT COPIES? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

SIGNATURE

For Borough Use Only

Date Received: _____ Five (5) Business Day Response Due _____

Date Completed: _____

Tracking #: _____

Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for this Act, the request **must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.

(Section 703.)