

**OPEN RECORDS OFFICE**  
County of Delaware  
201 W. Front Street, Room 206  
Media, PA 19063  
(610) 891-4260 – Office  
(610) 891-8759 - Fax

**OPEN RECORDS REQUEST FORM**

**Name of Requester**

\_\_\_\_\_  
*(Please print) Last First MI*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

*Street/P.O. Box*

\_\_\_\_\_  
*City State Zip Code*

**Telephone Number:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please identify each of the documents that are subject to this request. You must identify these documents with sufficient specificity so we may ascertain whether we have these documents and how to locate them.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one of the following boxes:

- I am only requesting access to the documents identified above.
- I am only requesting a copy of the documents identified above.
- I am requesting access to the documents identified above **and** a copy of those documents.

If you are requesting a copy of the documents identified above, please check one of the following boxes:

- I want a paper copy of the documents
- Other format (please specify): \_\_\_\_\_