

Lehigh Township
32 Second Street
P.O. Box 651
Gouldsboro, Pennsylvania 18424
Phone: (570) 842-6262 Fax: (570) 842-7042

PUBLIC RECORDS REQUEST FORM

Date of Request: _____

Request Submitted By: _____ In Person _____ U.S. Mail _____ Fax
_____ Other (specify _____)

Name of Requester: _____

Address: _____

Telephone No.: _____

Fax No.: (if applicable) _____

Email: (if applicable) _____

DESCRIPTION OF PUBLIC RECORDS REQUESTED: *(Please provide as much specific detail and information as possible so that the Township can identify the record. Attach additional sheets if necessary.)*

Do you want to inspect the records? _____ Yes _____ No

Do you want copies of the records? _____ Yes _____ No

Do you want certified copies of the records? _____ Yes _____ No

Delivery Instructions: _____ Pick Up _____ U.S. Mail _____ Fax
Other (specify _____)

Signature of Requester: _____

FOR OFFICE USE ONLY:

Date Received: _____ Received By: _____

(Open Records Officer)

Township 5-day Response Due: _____