

HORSHAM TOWNSHIP RECORD REQUEST FORM

Date Requested: _____

Request Submitted By: _____ E-Mail _____ U.S. Mail _____ Fax _____ In-Person

Name of Requestor: _____

Street Address: _____

City/State/County: _____

Telephone (optional): _____

Records Requested: Provide as much specific detail as possible. For additional space, use back of form.

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

Instructions (circle one): Pick-up Fax Mail Put on CD Put on Disk E-Mail
(Please provide a daytime telephone number, fax number, mailing address or e-mail address below)

Signature when request is fulfilled (Optional): _____

FOR OFFICE USE ONLY:

Date Received by the Township: _____

Five (5)-Day Response Due Date: _____

Total Cost: \$ _____

Date Request Fulfilled: _____

Initials of Staff Member Fulfilling Request: _____

Date Information Was: Picked up _____ Faxed _____ Mailed _____ E-Mailed _____