



# COUNTY OF ALLEGHENY

## STANDARD OPEN RECORDS REQUEST FORM

DATE REQUESTED:

(mm/dd/yyyy)

REQUEST SUBMITTED VIA:

E-MAIL

U.S. MAIL

FAX

IN PERSON

NAME OF REQUESTOR:

E-MAIL ADDRESS:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE (Optional):

RECORDS REQUESTED: *(Provide as much specific detail as possible to identify information)*

DO YOU WANT TO INSPECT THE RECORDS?

YES

NO

DO YOU WANT COPIES OF THE RECORDS?

YES

NO

DO YOU WANT CERTIFIED COPIES?

YES

NO

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\*\*\* FOR COUNTY USE ONLY \*\*\*

OPEN RECORDS OFFICER: \_\_\_\_\_

DATE RECEIVED BY COUNTY: \_\_\_\_\_

COUNTY FIVE-DAY RESPONSE DUE: \_\_\_\_\_

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*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the Open Records 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).*