



## RECORDS REQUEST FORM

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

I wish to review/obtain copies of the following public records:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statement of how person making the request is "Resident of the Commonwealth" (fill in if address is outside Commonwealth):

\_\_\_\_\_

\_\_\_\_\_

Will records be used for commercial use? (Yes/No) \_\_\_\_\_

Request dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant