

# Township of Upper Moreland

117 Park Avenue, Willow Grove  
Montgomery County, Pennsylvania 19090-3215

*Administration phone and fax number*

Telephone (215) 659-3100 / Fax (215) 659-7363

*Police Dept. Fax: 215- 659-1603*

*Code Enforcement Dept. Fax: 215-659-8899*



## PUBLIC RECORD REQUEST / DOCUMENT REVIEW / DUPLICATION FORM

To: Open Records Officer

Date: \_\_\_\_\_

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

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

Phone / Fax: \_\_\_\_\_

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

Note that you must identify or describe the requested records with sufficient specificity to allow the Township to determine what records are being requested. Attach additional sheets if necessary. You may deliver this to the Township Office in person or by mail, or Fax it to 215-659-7363; *Police Dept. fax 215-659-1603; Code Dept. fax 215-659-8899.*

I hereby request to (circle one or both) **Review** / **Receive** Copies of the following records:

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

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

### FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Name of Person Receiving: \_\_\_\_\_

Date Response Due (5 days from Date Received): \_\_\_\_\_

Action Taken:

\_\_\_\_\_ Notice of Electronic availability

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_ Extension Required

Date Response Sent to Requestor: \_\_\_\_\_

**UPPER MORELAND TOWNSHIP**

**Public Records Access Checklist**

_____	Review and Log In Request Form	BY:	_____
_____	Record Date for Response	BY:	_____
_____	Record Date Sent To Open Records Officer:	BY:	_____
_____	Record Date Received by Open Records Officer	BY:	_____
_____	Record Date Response mailed to Requestor	BY:	_____
_____	Record Type of Response sent to Requestor	BY:	_____
_____	Record date sent to Reviewer/Off Site Records Manager	BY:	_____