



Borough of Parkesburg

315 West First Avenue, Building 1

Parkesburg, PA 19365

610-857-2616

Fax: 610-857-1102

OPEN RECORDS REQUEST FORM

Please type or print legibly

Name of Requestor (*Required*):

Last

First

MI

Address of Requestor (*Required*)

Street

City

State

Zip

Daytime Phone

Fax

Email

Please list each of the records that you are requesting. You must identify these records with enough detail so that we can determine whether we have them.

Please check one of the following boxes:

I want to look at the records only

I want a copy of the records (*fees apply*)

I want a certified copy of the records (*additional fees*)

I hereby certify that I am a legal resident of the United States

Signature of Requestor

Date