

**BOROUGH OF MARCUS HOOK**  
**OPEN RECORDS REQUEST FORM**

**DATE REQUESTED:** \_\_\_\_\_

**REQUEST SUBMITTED BY:** E-MAIL ( ) U.S. MAIL ( ) FAX ( ) IN-PERSON ( ) \_\_\_\_\_

**NAME OF REQUESTER:** \_\_\_\_\_  
Please Print: Last First M.I.

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

**City/County/State/Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Please identify each of the documents that are subject to this request. You must identify these documents with sufficient specificity so we may ascertain whether we have these documents and how to locate them.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Please check one of the following boxes:

- I am only requesting access to the documents identified above.
- I am only requesting a copy of the documents identified above.
- I am requesting access to the documents identified above **and** a copy of those documents.

**Do not write below this line**

**RIGHT TO KNOW OFFICER:**

**DATE RECEIVED BY THE AGENCY:**

**AGENCY FIVE (5)-DAY RESPONSE DUE:**