

HORSHAM TOWNSHIP RECORD REQUEST FORM

Date Requested: _____

Request Submitted By: E-Mail U.S. Mail Fax In-Person

Name of Requestor: _____

Street Address: _____

City/State/County: _____

Telephone (optional): _____

Records Requested: Provide as much specific detail as possible. For additional space, use separate page.

Do you want copies? _____

Do you want to inspect the records? _____

Do you want certified copies of records? _____

Instructions (check one): Fax Mail Put on CD E-Mail _____

(Please provide a daytime telephone number, fax number, mailing address or e-mail address below)

Signature (requestor): _____

FOR OFFICE USE ONLY:

Date Received by the Township: _____

Five (5)-Day Response Due Date: _____

Total Cost: \$ _____

Date Request Fulfilled: _____

Initials of Staff Member Fulfilling Request: _____

Date Information Was: Picked up _____ Faxed _____ Mailed _____ E-Mailed _____

Print copy for your records