



Bucks County Office of Open Records
55 East Court Street, 5th Floor
Doylestown, PA 18901
215-348-6464
267-885-1656 - Fax
openrecordsofficer@co.bucks.pa.us

For Office Use Only:

Date Received: _____

Five Day Due: _____

Standard Open Records Request Form

Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Records Requested: (Provide as much specific detail as possible for each record so the agency can identify the information.)

Please place an X:

I am requesting copies of the documents identified above.

I am requesting to inspect the documents identified above.

I am requesting certified copies of the documents identified above.

Other Format (please specify) _____

Signature: _____

(If attaching electronically, please type name)

**Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing (Section 702). Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law (Section 703).