



**Open Records Request Form**

**Middle Smithfield Township**  
Michele Clewell, Open Records Officer  
25 Municipal Drive  
East Stroudsburg, PA 18302  
570 223-8920 570 223-8935 fax  
mstwpm@ptd.net

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

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

NAME OF REQUESTER : \_\_\_\_\_

STREET ADDRESS : \_\_\_\_\_

CITY/STATE/ZIP/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

**RECORDS REQUESTED** *\*Use back of this page if more room required.:*  
*Provide as much specific detail as possible so the agency can identify the information.*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER: \_\_\_\_\_

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_

AGENCY FIVE (5)-DAY RESPONSE DUE: \_\_\_\_\_

DATE REQUEST FULFILLED: \_\_\_\_\_ INITIALS OF STAFF MEMBER: \_\_\_\_\_

Copies _____	Postage _____	Fax _____
Total Cost _____		
Date Copies were: Picked Up _____ Faxed _____ Mailed _____ E-Mailed _____		