



# Open Records Request Form

## Middle Smithfield Township

Joan Hemm-Woisin, Open Records Officer

147 Municipal Drive

East Stroudsburg, PA 18302

Tel: (570)223-8920 Ext. 117 Fax (570) 223-8935

Email: [jwoisin@mstownship.com](mailto:jwoisin@mstownship.com)

**OFFICIAL USE ONLY:**

**DUE DATE:** \_\_\_\_\_

**Distributed To:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Date Requested: \_\_\_\_\_

Request Submitted by: Check one: E-Mail  U.S. Mail  Fax  In-Person

Name of Requester (Required): \_\_\_\_\_

Mailing Address (Required): \_\_\_\_\_

City/State/Zip/County (Required): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_

Email (Optional): \_\_\_\_\_

**RECORDS REQUESTED:** Provide as much specific detail as possible so the agency can identify the information. If known, enter 16 digit PIN # and physical address for the property in question.

**Property PIN #** \_\_\_\_\_ **Physical Street Address:** \_\_\_\_\_

Do you want Copies? Yes  No

Do you want to inspect the records? Yes  No

Do you want certified copies of records? Yes  No

**DO NOT WRITE BELOW LINE: OFFICIAL USE ONLY**

Right to Know Officer: Joan Hemm-Woisin

Date Received by Agency: \_\_\_\_\_

Agency Five (5) Day Response Due: \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_

**COSTS:** Copies \_\_\_\_\_ Postage \_\_\_\_\_ Fax \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_

Date Copies were: Picked Up \_\_\_\_\_ Faxed \_\_\_\_\_ Mailed \_\_\_\_\_ E-Mailed \_\_\_\_\_