## **OPEN RECORDS REQUEST FORM**

Submit printed copies of this form to: County of Fulton Attn: Open Records Officer 116 West Market Street, Suite 203 McConnellsburg, PA 17233	Submit emailed copies of this form to: openrecords@co.fulton.pa.us	
	Office #: (717) 485-3691 Fax #: (717) 485-9411	
PRINTED Name of Requester:	Email Address (optional):	
Mailing Address (optional):	Telephone #: Fax # (optional):	
Do you want to inspect the records? □ Yes □ No Do you want certified copies of records? □ Yes □ No (an extra charge applies for record certification)	Format in which you would like to receive the requested record(s):	

Records Requested (Please provide as much detail as possible so that we are able to determine which records are being requested):

Use additional sheets if necessary

Office Use Only		
Date Request Received:	Routing (Department):	
Date that Five (5) Day Response is Due to Requester: Request Submitted By: DEmail DU.S. Mail Fax In-Person 3 <sup>rd</sup> Party Notice(if applicable): Date notified: Response Deadline: Date Requester Notified of prepayment due (if applicable): Date Request was Filled:		NOTES (including calculation of charges if applicable)

Public bodies may fill anonymous verbal or written requests; however, if the requestor wishes to pursue the relief and remedies provided for in Act 3 of 2008, the request must be in writing (Section 702). Written requests need not include an explanation of why information is sought or the intended use of the information unless otherwise required by law (Section 703). The Requester may file an appeal with the Office of Open Records, 400 North Street, 4<sup>th</sup> Floor, Harrisburg, PA 17120 within 15 days of the response date. Website: openrecords.state.pa.us