

**South Coventry Township**  
1371 New Philadelphia Road  
Pottstown, PA 19465  
Phone: (610) 469-0444 Fax: (610) 469-0520

**Opens Records Request Form**

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Description of Records: (provide as much detail as possible so records can be quickly identified)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check one of the following boxes:

- I want to inspect records only
- I want a copy of the records (fees apply)
- I want a certified copy of the records (additional fee)

If requesting copies of records please specify if you:

- will pick-up documents at Township Office
- wish them to be mailed to address listed above (postage charged)

I hereby certify that I am a legal resident of the United States.

\_\_\_\_\_  
Signature of Requestor \_\_\_\_\_  
Date

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*For Office Use Only:*

Date Request Received: \_\_\_\_\_ Initials of Staff Member: \_\_\_\_\_ # of Copies: \_\_\_\_\_  
Date of Response: \_\_\_\_\_ Date Information: Picked up: \_\_\_\_\_ Mailed: \_\_\_\_\_