

# TOWNSHIP OF ROSTRAVER

Rostraver Municipal Building  
201 Municipal Drive  
Rostraver Township, PA 15012  
Phone: 724-929-8877  
Fax: 724-929-5009  
E-mail: [commissioners@rostraver.us](mailto:commissioners@rostraver.us)

## REQUEST FOR PUBLIC RECORDS

In accordance with the Township of Rostraver's Open Records Policy, the following information is required to request any public record.

1. The request is to:

\_\_\_\_\_ access copies of records.

\_\_\_\_\_ procure copies of records.

\_\_\_\_\_ access to the documents and a copy of those documents.

Note: A request to access records does not include a right to remove a record from the control or supervision of the Open Records Officer.

2. Requestor Information (All information must be legible)

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

3. Information Requested

All records requested must be identified and/or described with sufficient specificity so that we may ascertain whether we have these documents and how to locate them. (Note: Each record request must be specific to one record. Multiple record requests are permitted but must be on separate forms.)

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4. Medium in which the record is requested (fees apply – Please see Schedule A)

\_\_\_\_ Photocopy or electronic scan/print

\_\_\_\_ Electronic e-mail

5. I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to sign below may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records. (Note: Appropriate documentation may be requested.)

\_\_\_\_\_  
Signature of Requester