

**PARADISE TOWNSHIP, YORK COUNTY  
REQUEST FOR ACCESS TO PUBLIC RECORDS**

1. Date Requested: \_\_\_\_\_
2. Name of Requester: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. How Requested:      Mail: \_\_\_\_\_      E-mail: \_\_\_\_\_      Fax: \_\_\_\_\_      In-Person: \_\_\_\_\_
6. I request the following records (the records must be identified in sufficient detail to allow the Township staff to identify and locate them): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I wish to have the records forwarded to me in the following manner:

- \_\_\_\_\_ I will pick them up. Contact me at the following telephone number:
- \_\_\_\_\_ Please mail them to me at the above address, or (if different) at:
- \_\_\_\_\_ Please mail them to the following person and address:
- \_\_\_\_\_ Please fax or e-mail them to me at:
- \_\_\_\_\_ I will inspect the records

6. I prefer the records in the following format (this request will be honored only if the records are kept by the Township in the format requested):

- \_\_\_\_\_ Photocopies                      \_\_\_\_\_ Facsimile

7. I certify that I will pay the costs of duplicating the public records pursuant to the schedule of fees established by the Township's Policies and Resolution No. 2008-\_\_ and any amendments thereto within fifteen (15) days of the mailing of such records and invoice, unless alternative arrangements are made with the Township.

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

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DATE REQUEST RECEIVED BY AGENCY: \_\_\_\_\_  
AGENCY RESPONSE DUE DATE: \_\_\_\_\_      INITIALS OF STAFF MEMBER: \_\_\_\_\_  
COSTS:      Copies: \_\_\_\_\_      Postage: \_\_\_\_\_      Disk: \_\_\_\_\_      Fax: \_\_\_\_\_  
TOTAL COST: \_\_\_\_\_  
DATE INFORMATION: Picked up: \_\_\_\_\_      Faxed: \_\_\_\_\_      Mailed: \_\_\_\_\_      E-mailed: \_\_\_\_\_

*IF REQUESTER WISHES TO PURSUE THE RELIEF AND REMEDIES PROVIDED FOR IN THE ACT, THE REQUEST MUST BE IN WRITING (SECTION 702).*