

# BEDFORD TOWNSHIP SUPERVISORS

P.O. BOX #148; 1007 SHED RD.  
BEDFORD, PA. 15537  
TELEPHONE: (814) 623-8296  
FAX: (814) 623-5695  
EMAIL: BEDFORDTWP@GMAIL.COM

Supervisors  
GREGORY L. CRIST  
RICKY P. FETTER  
DEAN H. SHULLER

JANIE L. MCMILLEN  
SECRETARY/TREASURER  
DORINE M. SMITH  
ASSISTANT SECRETARY

## OPEN RECORDS – RECORD REQUEST FORM

**PLEASE PRINT ALL INFORMATION CLEARLY**

REQUEST SUBMITTED BY:  E-MAIL  USMAIL  FAX  IN PERSON

DATE \_\_\_\_\_

REQUESTING AGENCY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ EMAIL \_\_\_\_\_

DESCRIPTION OF RECORDS (FOR MORE SPACE, CONTINUE ON BACK – BE SPECIFIC)

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INSTRUCTIONS:  PICK-UP  EMAIL  MAIL  FAX

EMAIL ADDRESS/FAX NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (print) \_\_\_\_\_

FOR OFFICE USE ONLY -----

RIGHT TO KNOW OFFICER \_\_\_\_\_

DATE RECEIVED BY AGENCY \_\_\_\_\_

AGENCY FIVE (5) DAY RESPONSE DUE \_\_\_\_\_

COPIES \_\_\_\_ POSTAGE \_\_\_\_ FAX \_\_\_\_ EMAIL \_\_\_\_

TOTAL COST \_\_\_\_\_ DATE REQUEST FULFILLED \_\_\_\_\_

DATE RESPONSE SENT/SUPPLIED TO REQUESTER \_\_\_\_\_