



RECORD REQUEST

Phone: (570) 517-3850 - Fax: (570) 517-3851 - Email: OpenRecords@monroecountypa.gov

Requestor Information

\* Full Name: Last First M.I.
\* Address: Street Address Apartment/Unit #
Street Address 2
City State ZIP Code
Home Phone: ( ) Business Phone: ( )
Fax Number: ( ) E-mail Address:
Company:

Request Information

Description of Records Requested:

Preferred Delivery Method:
Pick-up US Mail On-site inspection Electronic inspection
Request Date: Signature:

Internal Use Only

Officer Name: Last First M.I.
Request Date: Response Date:
Request Time: Signature:

\* Required Field