



RECORD REQUEST

Phone: (570) 517-3850 - Fax: (570) 517-3857 - Email: OpenRecords@co.monroe.pa.us

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 [ ] On-site inspection [ ]
US Mail [ ] Electronic inspection [ ]

Request Date: Signature:

Internal Use Only

Officer Name: Last First M.I.

Request Date: Response Date:

Request Time: Signature:

\* Required Field