

OPEN RECORDS REQUEST FORM



Jason Greenwald, Open Records Officer
40 N Pennsylvania Ave
Courthouse Extension
Greensburg, PA 15601

Email: records@co.westmoreland.pa.us
FAX: 724.830.3684
Phone: 724.830.3467

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR

BUSINESS NAME

STREET ADDRESS

CITY/STATE/ZIP

COUNTY (Required)

TELEPHONE (Optional)

EMAIL ADDRESS

RECORDS REQUESTED: *Provide as much specific detail as possible*

DO YOU WANT COPIES? yes no

DO YOU WANT TO INSPECT THE RECORDS? yes no

DO YOU WANT CERTIFIED COPIES OF RECORDS? yes no

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*

For Agency Use Only

DATE RECEIVED

TRACKING#