

**UPPER SOUTHAMPTON TOWNSHIP  
OPEN RECORDS REQUEST FORM**

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Important:** Please identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want to inspect the records?  Yes  No (There is no fee for inspection)  
Do you want copies?  Yes  No (cost is \$0.25 per page, 8 ½ x 11, one sided)  
Specialized documents (blueprints, color copies, over-sized copies) and postage are actual cost  
Do you want to be notified in advance if the cost exceeds \$100?  Yes  No

I certify that I am a legal resident of the United States of America.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

This request may be submitted in person, by mail, by facsimile or email to:

Township of Upper Southampton  
939 Street Road  
Southampton, PA 18966  
Facsimile: 215-322-0405  
Email: [openrecords@ustwp.org](mailto:openrecords@ustwp.org)