

BOROUGH OF MALVERN
CHESTER COUNTY, PENNSYLVANIA

OPEN RECORDS REQUEST FORM

Please type or print legibly

Name of Requester (*Required*)

Last *First* *MI*

Address of Requester (*Required*)

Street Address

City *State* *Zip*

Daytime Telephone Number

Fax Number

Email Address

Please list each of the records that you are requesting. You must identify these records with enough detail so that we can determine whether we have them.

Please check one of the following boxes:

I want to look at the records only I want a copy of the records (*fees apply*)

I want a certified copy of the records (*additional fee*)

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

Signature of Requester

Date