

or by mail or in person at the above address.

## Requester Name:

**Requester Mailing Address:** 

Phone:

Email:

Records Requested (Please provide as much specific detail as possible so that agency can identify the information):

I am requesting that:

the identified records be mailed to me at the address provide. I understand certain duplication and postage fees apply.

the records be made available for inspection at the offices of the (Erie Western PA Port Authority)

during regular business hours.

the records be forwarded to me electronically. (Preferred format:\_\_\_\_\_)

certified copies of the records be made available to me. I understand that fees for providing certification of records apply.

(Records will be provided in the format requested, if it exists in that format; otherwise it will be provided in the format in which it exists.)

Date Request Submitted: \_\_\_\_\_

Signature of Requester:

For Open-Records Officer Use Only

Date of Receipt:

5 Day Response Date: \_\_\_\_\_