



# BENSALEM TOWNSHIP

Office: 215-633-3602 Fax: 215-633-3609  
2400 Byberry Road, Bensalem, PA 19020

## REQUEST FOR INFORMATION APPLICATION

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

EMAIL: \_\_\_\_\_

- By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.

### PLEASE RESEARCH THE FOLLOWING ADDRESS LOCATED AT:

*Note: One property per request.*

Location: \_\_\_\_\_

Tax Parcel No.: 02: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### SPECIFIC INFORMATION BEING REQUESTED:

- I DO NOT WANT COPIES
- I WANT COPIES OF THE INFORMATION FOUND AND ACKNOWLEDGE THE COST OF \$.25 PER PAGE
- LARGE PRINTS WILL BE SENT OUT TO BE COPIED AND CHARGED AT ACTUAL COST.

### NOTE:

Information requested requires a five (5) day waiting period to allow time for research.

If research requires additional time, applicant will be sent a 30-day extension of time.

### OFFICE USE ONLY

Total number of pages:		\$.25/ per page	\$
Total number of plans:		/ per page	\$
TOTAL ALL FEES:			\$

ALL FORMS SHOULD BE EMAILED TO [JCHAYKOWSKI@BENSALEMPA.GOV](mailto:JCHAYKOWSKI@BENSALEMPA.GOV)