



# BENSALEM TOWNSHIP

Building And Planning Department  
Office 215-633-3644 • Fax 215-633-3753  
2400 Byberry Road • Bensalem, PA 19020

## REQUEST FOR INFORMATION APPLICATION

Permit #	_____
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:	_____
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TAX PARCEL No.:	_____ 02 - _____
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### 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 contacted to sign an approval for a 30 day extension of time.

### OFFICE USE ONLY

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