



190 N INDEPENDENCE MALL WEST
8TH FLOOR
PHILADELPHIA, PA 19106-1520
Phone: 215-592-1800
Fax: 215-592-9125
www.dvrpc.org

Access to Records Request Form

Please complete and send to DVRPC by email (public_affairs@dvrpc.org), U.S. Mail, fax (215-592-9125), or in-person at DVRPC's offices.

Date requested: _____

Request submitted via: ___ E-mail ___ U.S. Mail ___ Fax ___ In-person

Name of Requester (Required): _____

Street Address (Required): _____

City/State/Zip (Required): _____

Telephone (Optional): _____

Email (Optional): _____

Records Requested: Please provide as much specific detail as possible so that DVRPC can identify the information. Please use additional sheets if necessary.

Do you want to be notified in advance if the cost exceeds \$10? ___ Yes ___ No

For DVRPC Use Only

Date Received by Records Officer: _____

30-Calendar Day Response Deadline: _____ Extension (if applicable): _____

Date Response Provided: _____

Records Officer Signature: _____