

Please submit this form to the Court Record Manager. Contact information may be found on the Delaware County website under Open Records-Court at www.co.delaware.pa.us.

RULE 509 REQUEST FORM

Name of Requestor

Last

First

Middle

Signature _____

Date _____

Mailing Address

Street/PO Box

City

State

Zip Code

Telephone Number

Fax Number

Email Address

Please identify each of the documents that are requested. It is important that your request be as specific as possible so that we may determine whether we have these documents.

Note: Information related to standard fees and procedures may be found on the Delaware County's website at www.co.delaware.pa.us. Additional fees may be levied as necessary to cover costs incurred in fulfilling specific information requests. Prepayment will be required if expected compliance costs exceed one hundred (\$100.00) dollars.

Official Use Only

Date Received	Charge	Comments
Tracking Number	Total Cost	