

**MONROE COUNTY PENNSYLVANIA OFFICE OF THE DISTRICT ATTORNEY**

**OPEN RECORDS REQUEST FORM**

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| --- | --- |
| Date of Request | Submission Form |
|  | EMAIL U.S. MAIL FAX HAND-DELIVERED |

**Mandatory Information**

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| --- | --- |
| Name of Requestor | Mailing Address *(No. & Street, City, State and Zip Code)* |
|  |  |

**Optional Information**

|  |  |  |
| --- | --- | --- |
| Home Telephone | Cell Phone | Email Address |
|  |  |  |

**Records Requested**: provide as much specific details as possible. General information requests will be denied.



**Forwarding Information:**

**Email to** [ekerchner@co.monroe.pa.us](mailto:ekerchner@co.monroe.pa.us)

**Mail to** Office of the District Attorney, 610 Monroe St, Suite 126, Stroudsburg PA 18360

**Fax to** 570-517-3825

**Hand-deliver to** the District Attorney, Courthouse, 7th and Monroe Streets, Stroudsburg PA