



**MONROE COUNTY PENNSYLVANIA OFFICE OF THE DISTRICT ATTORNEY
OPEN RECORDS REQUEST FORM**

Date of Request	Submission Form <input type="checkbox"/> EMAIL <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> FAX <input type="checkbox"/> HAND-DELIVERED
-----------------	---

Mandatory Information

Name of Requestor	Mailing Address <i>(No. & Street, City, State and Zip Code)</i>
-------------------	---

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@monroecountypa.gov

Mail to Office of the District Attorney, 701 Main Street, Suite 100, Stroudsburg, PA 18360

Fax to 570-517-3825

Hand-deliver to the Office of the District Attorney, 701 Main Street, Suite 100, Stroudsburg, PA 18360