PUBLIC RECORD REQUEST FORM

DATE: ____________

REQUEST SUBMITTED BY: US MAIL FAX IN-Person

REQUESTOR: _______________________________________

ORGANIZATION: ____________________________________

STREET ADDRESS: ___________________________________

CITY/STATE/COUNTY: _________________________________

TELEPHONE: __________ FAX: __________ EMAIL: __________

RECORDS REQUESTED (Provide as much detail as possible. Use additional sheets if necessary):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Method(s) of Delivery: Pickup / Inspection / Mail / Email / Fax / Disk

Do you want certified copies of records? Yes / No (Additional charge applies)

Signature of Requestor: _____________________________________________

Print Name/Title: ________________________________________________

NOTE: By executing this form, the Requester certifies that he/she has received, read and understands the Borough Public Record Policy and the applicable appeal rights referenced therein.

_________________________________________ Open Records Officer Use Only

Date Received: Five (5) Day Response Due:

Date Completed: ____________ Date Sent: ____________ Date Picked Up: ____________
(Note any additional time notice):

No. of Pages Reproduced: _____ / Cost: _________ Specialized Reproduction Cost: _________

Certification: __________ Disk: __________ Postage: __________ Total Cost: _____________