



Borough of Forest Hills  
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**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: \_\_\_\_\_