

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

**East Donegal Township
190 Rock Point Road
Marietta, PA 17547**

Date Request Received: _____ **Date Five (5) Business Days From Receipt:** _____

Name of Requester (Please print): _____

Signature: _____ **Date:** _____

Mailing Address: _____

Street/P.O. Box

City State Zip Code

Telephone Number: _____ **Fax Number:** _____

Optional

Optional

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information.*

Please check one of the following:

- I am only requesting *access to* the documents identified above.
 I am only requesting *a copy of* the documents identified above.
 I am requesting *access to* the documents identified above **and** *a copy of* those documents.

If you are requesting a copy of the documents identified above, please check one of the following:

- I want a paper copy of the documents.
 I want a computer-readable copy of the documents, if available in that format (e.g., diskette or compact disk).
 Other (please specify): _____

Do you want certified copies of records? Yes or no

I, _____, certify that I am a resident of the United States of America and acknowledge that I have made a request of East Donegal Township for public records, which will result in a fee. As such I agree to pay the fee in full upon receipt of the records if I have not prepaid. I also acknowledge that failure to pay the fee in full may result in the denial of future requests.

REQUESTER'S SIGNATURE: _____

To Be Completed Upon Pickup:

Pick-up Date: _____ Staff Initials _____

Requester's Signature: _____

For Office Use Only:

Copies _____ Postage _____ Disks _____ Fax _____ Staff _____

Total Cost _____ Date Mailed/Faxed _____

Date Paid _____ Completed By _____

Denied Y / N By Whom _____ Date Denial Sent _____