

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

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

Date of Request: _____ Submitted via: Email U.S. Mail Fax In Person

PERSON MAKING REQUEST

Name: _____ Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

How do you prefer to be contacted if the agency has questions? Telephone Email U.S. Mail

Signature: _____ Date: _____

RECORDS REQUESTED: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, timeframe, and type of record. Requests should seek records, not ask questions. Use additional sheets if necessary.*

DO YOU WANT COPIES? Yes, electronic copies preferred if available
 Yes, printed copies preferred
 No, in-person inspection of records preferred (*may request copies later*)

Do you want notified if fees associated with this request will be more than \$50.00? Yes or No

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 _____