

REQUESTS FOR REVIEW OR COPIES OF PUBLIC RECORDS

Date of request: _____

Name of requestor: _____ Phone number: _____

Address of requestor: _____

I request review duplication (check applicable boxes) of the following records. Important: You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

Costs per regular copy are \$.25 and costs per certified copy are \$1.00.

I certify that I am a resident of the Commonwealth of Pennsylvania.

Signature of requestor: _____

This request may be submitted in person, by mail or by facsimile to the Township (see contact information above). Documents will be provided within five (5) business days unless otherwise provided in the Township's Right-to-Know Policy.

To be Completed by Edgmont Township:

Given Township Right-to-Know Policy

Request number: _____

Date received: _____

Action taken:

Approved

Date of approval: _____

Denied

Date notice mailed: _____

Additional review needed

Date notice mailed: _____

Cost: \$ _____

Signature of municipal employee: _____

Date: _____