

South Middleton Township

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please print legibly

Date of Request _____

Requester's Name: _____

Requester's Address: _____

Requester's Email Address: _____

Requester's Telephone: _____

I request _____ *review of* _____ *duplication of* (check applicable line) 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.

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

Signature of Requester

This request may be submitted in person, by mail or by facsimile to:

South Middleton Township
520 Park Drive
Boiling Springs, PA. 17007

South Middleton Township

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

To be completed by _____ :

Request No.: _____

Date Received: _____

Action Taken:

Approved Date of approval: _____

Denied Date notice mailed: _____

Additional Review Date notice mailed: _____