

BOROUGH OF SPRING CITY

PUBLIC RECORD REVIEW/DUPLICATION REQUEST FORM

Please print legibly.

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone : _____

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

PICK-UP _____ MAIL _____ DISK _____

FAX _____ FAX NUMBER _____

I certify that I am a resident of the United States of America.

Signature of Requester

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

Borough of Spring City

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FOR OFFICIAL USE ONLY

Date Request Fulfilled _____ *By* _____

No. of Copies @\$.25 per page _____ *Postage* _____

**Disk* _____ **e-mail* _____ *Fax* _____

**If available electronically*

Records picked up on _____

Signature of Requester _____