

# BOROUGH OF CATASAUQUA POLICE DEPARTMENT

118 Bridge Street  
Catasauqua, PA 18032  
(610) 264-0577

## REQUEST FOR INSPECTION AND/OR DUPLICATION OF PUBLIC RECORDS

**\*\*Please Print Legibly\*\***

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Telephone Number: \_\_\_\_\_

RECORDS REQUESTED: Please identify each of the specific records you are requesting and any other additional information that will help us locate said records (dates, names, property address, etc.). 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one of the following boxes:

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

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

- I want a paper copy of the records.
- I want a computer copy of the records (e.g. compact disk).
- Other (please specify): \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### TO BE COMPLETED BY BOROUGH:

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Action Taken:  Approved      Date of Approval: \_\_\_\_\_      Fees: \_\_\_\_\_  
 Denied      Date of Denial: \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Signature of Authorized Borough Official: \_\_\_\_\_ Date: \_\_\_\_\_