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): ____________________________ Date: _________

Requestor’s Signature: ____________________________ Date: _________

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: _________