

**BOROUGH OF NEW BEAVER
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please print legibly.

Date of request: _____

Requester's Name: _____

Requester's Address: _____
(Include city, state, county)

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.

I certify that my full name and contact information is true and correct, and that I am a legal resident of the United States of America. I understand that failure to provide my signature may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.

Signature of requester

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

New Beaver Borough
Open Records Officer
778 Wampum-New Galilee Road
New Galilee, PA

Phone: 724-535-8868

FAX: 724-535-3221

Email: newbeaverboro@zoominternet.net

Date received by New Beaver Borough _____

Response due _____