



# BOROUGH OF TOPTON

## REQUEST TO REVIEW OR DUPLICATE PUBLIC RECORDS

Requestor Name:	Contact Number:	
Address:		
City:	State:	Zip:
Request Date:	Date Information Needed:	

Describe the requested information. Important: You must identify or describe the records with sufficient specificity to enable the Borough Secretary to determine which records are being requested. Use additional sheets if necessary.

Action Taken	Date Completed	Authorized By	Received Date
Approved <input type="radio"/>			
Denied <input type="radio"/>			
Additional Review <input type="radio"/>			

A charge of \$0.25 per sheet will be applied
<b>Total Amount Due:</b>

Signature and payment is required before any material is released.  
 I certify that I am a resident of the Commonwealth of Pennsylvania.

\_\_\_\_\_

Signature of Requestor

\_\_\_\_\_

Information Received By