



# BOROUGH OF TOPTON

## REQUEST TO REVIEW OR DUPLICATE PUBLIC RECORDS

Requestor Name: (List Company, if applicable)		Contact Name, if different than requestor:	
Address:			
Email Address:			
City:		State:	Zip:
Date Request Submitted:	Submitted via: Email    US Mail    In Person	Send Response via: Email    US Mail	Telephone:
How do you prefer to be contacted if we have questions?			Do you want copies?

Describe the requested information. 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. Include subject matter, time frame, and type of records sought. Requests must seek records, not ask questions.


Action Taken	Date Completed	Authorized By	Received Date
Granted <input type="radio"/>			
Denied <input type="radio"/>			Response Due (5 bus. Days)
Partially Granted&Denied <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 affirm that my full name and contact information is true and correct,  
and that I am a legal resident of the United States.**

\_\_\_\_\_

Signature of Requestor

\_\_\_\_\_

Information Received By

Please send all requests to Stacy C. Milo, Open Records Officer, at [smilo@toptonborough.com](mailto:smilo@toptonborough.com) or fax to 610-682-1636. To contact the Pennsylvania Office of Open Records, please call (717) 346-9903 or visit [www.openrecords.pa.gov](http://www.openrecords.pa.gov).