

BOROUGH OF FRANKLIN PARK
PUBLIC RECORD REVIEW / DUPLICATION REQUEST

Requester's Name: _____ Date: _____

Requester's Address: _____

Requester's Telephone: _____

I hereby request the following information from the Borough of Franklin Park.

Important: You must identify or describe the records with sufficient specificity to enable borough personnel to determine which records are being requested. (use additional sheets if necessary)

Please indicate whether you wish to review the information and/or would like a copy of the data.

_____ I wish to review the information in the Borough Office.

_____ I want to receive copies of the data specified above. (select one of the following options)

_____ Please mail the information to my address.

_____ Please fax the information to: _____

_____ I will pick up the data at the municipal building, call me when it is ready.

There is a 25 cents charge per page for any duplication requested under the PA Public Records Law, advanced payment is required.

Your cost for _____ copies is \$ _____.

(to be completed by borough staff)

I certify that I am a resident of the Commonwealth of Pennsylvania.

Signature of Requester

Signature of individual picking up data (if applicable)

.....
Mail request to Franklin Park Borough, 2344 W. Ingomar Road, Pittsburgh, Pa 15237 or fax to: 412-366-4406
.....

BOROUGH USE ONLY

Request No: _____

Date Received: _____

Date Approved: _____

by Borough Manager or Designee: _____

Data viewed on: _____

Faxed/mailed on: _____ By _____

