

BOROUGH OF PLUM

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Date of Request _____ Requester's Name _____

Requester's Address: _____

Requester's Telephone Number (____) _____

I request _____ review or _____ duplication (check applicable line) of the following records:

IMPORTANT NOTE: You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use back of sheet if necessary.

Requests for records require five business days to process

Signature of Requester

For Borough Use Only Below This Line

Date/Time Received: _____ By: _____

Action Taken:

_____ Approved Date: _____

_____ Denied Date Notice Mailed: _____

_____ Additional Review Date Notice Mailed: _____