ABBOTTSTOWN BOROUGH
P O Box 474 Abbottstown, PA 17301
REQUEST FOR ACCESS TO PUBLIC RECORDS

1. Requester name:
2. Address:
3. Telephone:
4. I request the following records:

   (records must be identified in sufficient detail to allow staff to identify and locate them)
5. I wish to have the records forwarded to me in the following manner: I will pick up (drop down list-choose one)
6. I prefer the records in the following format:Photocopies (drop down list-choose one) (this request will be honored only if the records are kept in the format requested)
7. I certify that I will pay the costs of duplicating the public records pursuant to the schedule of fees det forth in paragraph 9 of the Borough's Policies within fifteen (15) days of the mailing of the records and invoice.
   Date: Signature of Requester:

Office Use Only

COSTS: COPIES POSTAGE: CD: FAX:

TOTAL COST:

DATE REQUEST FILLED: FILLED BY:

DATE DELIVERED TO REQUESTER: PICKED UP
FAXED MAILED

You may submit this request to the Borough office in person, by mail at above address, by facsimile 717-259-6213, or by email at "abbottstown@suscom.net.