REQUEST FOR INSPECTION AND/OR DUPLICATION OF PUBLIC RECORDS

**Please Print Legibly**

Requestor’s Name: ________________________________________________________________

Requestor’s Address: __________________________________________________________________

Requestor’s Telephone Number: ______________________________________________________

RECORDS REQUESTED: Please identify each of the specific records you are requesting and any other additional information that will help us locate said records (dates, names, property address, etc.). You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please check one of the following boxes:

□ I am only requesting access to the records identified above.
□ I am only requesting a copy of the records identified above.
□ I am requesting access to the records identified above and a copy of those records.

If you are requesting a copy of the records identified above, please check one of the following boxes:

□ I want a paper copy of the records.
□ Other (please specify): _________________________________________________________

Requestor’s Signature: Date: ______________________________________________________

TO BE COMPLETED BY TOWNSHIP:

Date Received: ________________________ Date Completed: _____________________

Action Taken: □ Approved Date of Approval: ____________________ Fees: ______________
□ Denied Date of Denial: ____________________ Reason for Denial: __________________

Additional Comments: __________________________________________________________________

Signature of Authorized Township Official: ____________________________________ Date: _______