

**Borough of Shillington
Public Record Review/Duplication Request**

PLEASE PRINT

Date of Request: _____

Request Submitted By: Mail, Fax, Email or In-Person

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request: ___ review ___ duplication (check as appropriate) of
the following records:

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.

I certify that I am a resident of the United States of America.

Signature of Requester

(Office Use Only)

Right-To-Know Officer: _____

Date Received by Borough: _____

Five (5)-Day Response Due: _____