

BOROUGH OF BRIDGEVILLE

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please print legibly.

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request ___ review ___ duplication (check applicable boxes) 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 legal resident of the United States of America.

Signature of Requester

This request may be submitted in person, by mail or by facsimile to:

**Lori Collins, Borough Manager
Bridgeville Borough
425 Bower Hill Road
Bridgeville, PA 15017**

BOROUGH OF BRIDGEVILLE

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

To be completed by Open Records Officer:

Requester Name: _____

Date Received: _____

Action Taken:

Approved _____

Date of approval: _____

Denied _____

Date notice mailed: _____

Additional Review
Required _____

Date notice mailed: _____