

ECONOMY BOROUGH

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

SECTION A: TO BE COMPLETED BY THE REQUESTER:

Please Print Legibly

Date of Request: ___/___/___

Requester's Name: _____

Requester's Address _____

Requester's Telephone: (____) _____ - _____ E-Mail _____

Note: You will be notified initially within five (5) business days by telephone of the availability of the documents requested, unless you designate an alternative method for contact. You will be provided written notice of a denial of your request or extension of time to respond to a request within five (5) days of the address listed.

I request review duplications (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. (i.e. exact property address, name, dates). Use additional sheets if necessary. Specify whether you are requesting certified copies of any records.

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

Method of delivery of document(s) requested: Pick Up U.S. Mail Email Fax

Signature of Requester: _____

This request may be submitted in person, by mail, by e-mail or by facsimile to the attention of the:

Open Records Officer
Economy Borough
2856 Conway Wallrose Road
Baden, PA 15005-2306
FAX 724-869-8111
Email randy@economyborough.org

Record Request # _____

SECTION B: TO BE COMPLETED BY ECONOMY BOROUGH:

Date Received: ___/___/___ Requester's Name _____

Record processed by _____ Record Request # _____

Response Due Date (5 Business Days) ___/___/___

Action Taken:

Approved:

Date of Approval: ___/___/___
Date Requestor notified: ___/___/___
By: _____
Notification Method: Mail In Person

Denied:

Date Requester Notified: ___/___/___
By: _____
Notification Method: Mail In Person
 See attached form for reason of denial

Denied in Part:

Date Requester Notified: ___/___/___
By: _____
Notification Method: Mail In Person
 See attached form for reason of redaction/ partial denial

Extension Required:

Estimated response date: ___/___/___
Date Requester notified: ___/___/___
By: _____
Notification Method: Mail In Person
 See attached form for reason for extension

Additional

Information: _____

