

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

**Borough of Zelienople
111 W. New Castle Street
Zelienople, PA 16063
724-452-6610 (phone)
724-452-6613 (fax)**

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 accordingly) of the following records.

Important: You must identify or describe the records with sufficient specificity to enable the Borough of Zelienople to determine which records are being requested. Use additional sheets if necessary.

Signature of Requester

Request No.: _____

Request Date: _____

Processed by Right-to-Know Officer	Date Received by Borough	Borough's Five (5)-Day Response Due:	Response	Date of Action	Amount Fee(s) Collected (Pre-payment - Only \$100 or above.)