

**BOROUGH OF SEVEN FIELDS
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 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

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

Borough of Seven Fields
2200 Garden Drive, Suite 100
Seven Fields, PA 16046
724-776-3090
724-776-3082 (fax)