

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please print legibly.

REQUESTER'S NAME: _____ DATE: _____

REQUESTER'S ADDRESS: _____

REQUESTER'S TELEPHONE NO.: _____

I request review duplication (circle selection) of the following records. **Important:** You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

COSTS FOR DUPLICATION

Standard size paper (8 1/2 x 11): \$.25 per page
Conversion of electronic record to paper \$5.00 per page
Microfilm copy: \$2.00 per page
Duplication of public electronic and/or tape records: actual cost to the Township
Plus cost of postage if material must be mailed

All requests will be filled (unless denied and the reasons for denial will be given in writing) within five (5) business days (Monday – Friday 8:30 a.m. to 4:30 p.m.)

I certify that I am a resident of the Commonwealth of Pennsylvania.

Signature of Requester

Submit requests in person, by mail or facsimile to:

Northampton Township, 55 Township Road, Richboro, PA 18954 – fax no. 215-357-1251