

**WEST POTTS GROVE TOWNSHIP
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please Print Legibly

Date of Request _____

Requesters Name _____

Requesters Address _____

Requesters Telephone _____

I request___ review___ duplication of the following records;

Important: You must identify or describe the records with sufficient detail/specificity to enable the Township to determine which record 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, fax or email to:

*Scott Hutt, Township Manager/Open Records Officer
Timothy Roeder, OIC/Deputy Open Records Officer
West Pottsgrove Township
980 Grosstown Road
Stowe, PA 19464*

To Be Completed by Township

Request No. _____ Date Received _____

Action Taken:

Approved	Date of Approval: _____
Denied	Date of Denial: _____
Additional Review	Date of Notice Mailed: _____