**PUBLIC RECORD REVIEW / DUPLICATION REQUEST**

*Please print legibly.*

DATE REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUEST SUBMITTED BY: \_\_\_\_ E-MAIL \_\_\_\_US MAIL \_\_\_\_FAX \_\_\_\_IN-PERSON

NAME OF REQUESTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS : \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY / STATE / COUNTY (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information.*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requested

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

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

 Kathy A. Hermany, Open Records Officer

 Lynn Township

 7911 Kings Highway

 New Tripoli, PA 18066 Fax: 610-298-2896 e-mail: lynnzone@ptd.net

 **(FOR OFFICE USE ONLY)**  **FORWARD TO: \_\_\_\_\_\_\_\_ ADMINISTRATOR**

 **\_\_\_\_\_\_\_ SEC./TRES.**

**RIGHT TO KNOW OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ BOARD**

 **\_\_\_\_\_\_\_ OTHER**

**DATE RECEIVED BY THE AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGENCY FIVE (5)-DAY RESPONSE DUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXTENSION REQUESTED: YES or NO; If yes, Last Day to Produce: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# OF COPIES \_\_\_\_\_\_ TOTAL COST $\_\_\_\_\_\_\_\_ STAFF MEMBER \_\_\_\_\_\_\_ DATE PICKED UP \_\_\_\_\_\_\_\_\_\_\_**

Right to Know Request Application