

PALMYRA BOROUGH  
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**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Date of Request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

Telephone No. of Requestor: \_\_\_\_\_

I, \_\_\_\_\_, request to [ ] review [ ] duplicate (check applicable boxes)  
the following public records.

Description of Record(s) Requested:

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

I hereby acknowledge that copying blueprints and other such oversized documents may incur additional costs. I understand that I am responsible for any additional costs that may be associated with requests for their duplication.

Instructions: Pick up      Fax      Mail      E-Mail      Disk      Review

\_\_\_\_\_  
Signature

FOR OFFICIAL USE ONLY:

Approved – Date: \_\_\_\_\_ Request Number: \_\_\_\_\_

Copies: \_\_\_\_\_ Postage: \_\_\_\_\_ Disk: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Information Sent to/Reviewed by Requestor: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Denied – Date Notice Mailed: \_\_\_\_\_

Additional Review – Date Notice Mailed: \_\_\_\_\_

Staff Member's Initials: \_\_\_\_\_

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