

RECORD REQUEST FORM

(Please Print)

Date: _____

Name: _____

Address: _____

Phone Number: _____

Please describe the records that you wish to see. (If you need more space, you may continue on the back of this form or attach additional sheets).

Do you wish to review the record at the Richland Township Municipal Building?

_____ Yes or _____ No

Do you wish to purchase copies of the records at this time? _____ Yes or _____ No

How would you like to receive the records you are purchasing? _____ Mail or _____ Pick-up

Do you wish "True and Correct Certification"? _____ Yes or _____ No

(Please note that the Township will require prepayment if the total fees are estimated to exceed \$100.00)

Signature: _____

For Office Use Only

Date Received _____ Five Day Response Due _____

Copies _____ Postage _____ Total Cost _____

Date Request Fulfilled _____ Initials of staff member _____

Date Information: Picked up _____ Faxed _____ Mailed _____