

NORTH MIDDLETON TOWNSHIP RECORD REQUEST FORM

DATE: _____ 5 BUSINESS DAYS: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF RECORDS (For more space, continue on back):

FORMAT OF RECORD REQUEST:

_____ WRITTEN _____ CD _____ FAX _____ VERBAL _____ EMAIL

FOR TOWNSHIP USE

FORMAT OF RECORD RESPONSE:

_____ WRITTEN _____ CD _____ FAX _____ VERBAL _____ EMAIL

DATE REQUEST FILLED: _____

FEES: _____ PAID: _____

EMPLOYEE NAME: _____

DATE REQUEST DENIED: _____ LETTER SENT: _____

REASON:

MANAGER APPROVAL: _____