

BOARD OF SUPERVISORS

Janet L. Craig

Thomas J. Gallant

Raymond L. Chappell

Christopher J. Caruso, *Manager*

Thomas C. Garrett Jr., *Assistant Manager*



Township of Findlay

1271 Route 30

P.O. Box W

Clinton, Pennsylvania 15026

Phone: (724) 695-0500

Fax: (724) 695-1700

Website: www.findlay.pa.us

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please print legibly

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request and/or duplication (circle appropriate choices) of the following records.

IMPORTANT: You must identify of describe the records with sufficient specificity to enable the township to determine which records are being requested. Use additional sheets if necessary.

Signature of Requester

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

Findlay Township
Open Records Officer
PO Box W
Clinton, PA 15026
(724) 695-1700 (fax)

To be completed by: _____

Request NO.: _____

Date Received: _____

Action Taken:

Approved Date of Approval: _____
Denied Date notice mailed: _____
Additional Review Date notice mailed: _____

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

GENERAL INSTRUCTIONS:

This form shall be completed any time a report review or documentation is requested and the request is not routine.

FORM PREPARATION INSTRUCTIONS:

Date of Request – enter the date the request is being made.

Requester's Name – enter the name of the person requesting the record.

Requester's Address – enter the address of the person requesting the record.

Requester's Telephone – enter the telephone number, including area code, of the person requesting the record.

I request review and/or duplication...if necessary – circle either “review” of “duplication”, whichever is applicable. Enter the FTPD incident numbers for the records being requested for review or duplication.

I certify...Pennsylvania/Signature of Requester – the requester is to affix his/her signature to indicate that they are a resident of Pennsylvania.

To be completed by – enter the name of the member to fulfill the request.

Request No. – enter the FTPD incident number for the record being requested.

Date Received – enter the date the request is received by the police department.

Action Taken – complete the appropriate action taken by entering the date the request was approved or notice was mailed.