

**BOROUGH OF GREENVILLE
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please print legibly.

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request ____ review ____ duplication (check as appropriate) of the following records.
Important: You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use additional sheets if necessary.

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

Signature of Requester

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

Borough of Greenville
125 Main Street
Greenville, PA 16125
724-588-4193
724-588-1197 (fax)
info@greenvilleborough.com