



BOROUGH OF GREENVILLE
PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please print legibly.

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone/Email: _____

I request (check as appropriate):

_____ review

_____ email document(s)

_____ duplication (\$.25 per page)

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.

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

Office use only
