



**TOWN 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 Town 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:

Town of Greenville  
125 Main Street  
Greenville, PA 16125  
724-588-4193  
724-588-1197 (fax)  
[info@greenvilleborough.com](mailto:info@greenvilleborough.com)

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Office use only

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