

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

**Borough of Zelienople  
111 W. New Castle Street  
Zelienople, PA 16063  
724-452-6610 (phone)  
724-452-6613 (fax)**

**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 accordingly) of the following records.

**Important:** You must identify or describe the records with sufficient specificity to enable the Borough of Zelienople to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

Request No.: \_\_\_\_\_

Request Date: \_\_\_\_\_

Processed by Right-to-Know Officer	Date Received by Borough	Borough's Five (5)-Day Response Due:	Response	Date of Action	Amount Fee(s) Collected (Pre-payment - Only \$100 or above.)