

UPPER SAUCON TOWNSHIP

5500 Camp Meeting Road
Center Valley, PA 18034
(610) 282-1171

REQUEST FOR INSPECTION AND/OR DUPLICATION OF PUBLIC RECORDS

****Please Print Legibly****

Requestor's Name: _____

Requestor's Address: _____

Requestor's Telephone Number: _____

RECORD'S REQUESTED: Please identify each of the specific records you are requesting and any other additional information that will help us locate said records (dates, names, property address, etc.). You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

Please check one of the following boxes:

- I am only requesting access to the records identified above.
- I am only requesting a copy of the records identified above.
- I am requesting access to the records identified above and a copy of those records.

If you are requesting a copy of the records identified above, please check one of the following boxes:

- I want a paper copy of the records.
- I want a computer copy of the records (e.g. compact disk).
- Other (please specify): _____

Requestor's Signature: _____ Date: _____

TO BE COMPLETED BY TOWNSHIP:

Date Received: _____ Date Completed: _____

Action Taken: Approved Denied
Date of Approval: _____ Date of Denial: _____
Reason for Denial: _____

Fees: _____

Additional Comments: _____

Signature of Authorized Township Official: _____ Date: _____