

Borough of Hatfield
401 S. Main Street
P.O. Box 190
Hatfield, PA 19440
Tel: 215-855-0781/Fax: 215-855-2075

PUBLIC RECORD REQUEST / DOCUMENT REVIEW / DUPLICATION FORM

To: Open Records Officer **Date:** _____

From: Name: _____

Address: _____

Phone / Fax: _____

Email: _____

Note that you must identify or describe the requested records with sufficient specificity to allow the Borough to determine what records are being requested. Attach additional sheets if necessary. You may deliver this to Borough Office in person or by mail, or Fax it to (215) 855-2075.

I hereby request to (circle one or both) **Review / Receive** Copies of the following records:

Signature of Requestor

Date

FOR OFFICIAL USE ONLY

Date Received: _____ **Name of Person Receiving:** _____

Date Response Due (5 days from Date Received): _____

Action Taken:

_____ **Notice of Electronic availability.**

_____ **Approved**

_____ **Denied**

_____ **Extension Requested**

Date Response Sent to Requestor: _____