

BOROUGH OF ASPINWALL

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www.aspinwallpa.com

PUBLIC RECORD REQUEST FORM

DATE: _____

REQUEST SUBMITTED BY: US MAIL FAX IN-PERSON

REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

RECORDS REQUESTED *(Provide as much detail as possible. Use additional sheets if necessary):*

Method(s) of Delivery: Pickup / Inspection / Mail / Email / Fax / Disk

Do you want certified copies of records? Yes / No *(Additional charge applies)*

Signature of Requestor: _____

NOTE: By executing this form, the Requester certifies that he/she has received, read and understands the Borough Public Record Policy and the applicable appeal rights referenced therein.

Open Records Officer Use Only

Date Received: _____ Five (5) Day Response Due: _____

Date Completed: _____ Date Sent: _____ Date Picked Up: _____
(Note any additional time notice):

No. of Pages Reproduced: _____ / Cost: _____ Specialized Reproduction Cost: _____

Certification: _____ Disk: _____ Postage: _____ Total Cost: _____