

**BOARD OF SUPERVISORS**

Janet L. Craig

Thomas J. Gallant

Raymond L. Chappell

Christopher J. Caruso, *Manager*

Thomas C. Garrett Jr., *Assistant Manager*



**Township of Findlay**

1271 Route 30

P.O. Box W

Clinton, Pennsylvania 15026

Phone: (724) 695-0500

Fax: (724) 695-1700

Website: [www.findlay.pa.us](http://www.findlay.pa.us)

**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**Please print legibly**

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

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_  
\_\_\_\_\_

Requester's Telephone: \_\_\_\_\_

I request and/or duplication (circle appropriate choices) of the following records.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Findlay Township  
Open Records Officer  
PO Box W  
Clinton, PA 15026  
(724) 695-1700 (fax)

To be completed by: \_\_\_\_\_

Request NO.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Action Taken:

Approved                      Date of Approval: \_\_\_\_\_  
Denied                         Date notice mailed: \_\_\_\_\_  
Additional Review          Date notice mailed: \_\_\_\_\_

## **PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

### GENERAL INSTRUCTIONS:

This form shall be completed any time a report review or documentation is requested and the request is not routine.

### FORM PREPARATION INSTRUCTIONS:

Date of Request – enter the date the request is being made.

Requester's Name – enter the name of the person requesting the record.

Requester's Address – enter the address of the person requesting the record.

Requester's Telephone – enter the telephone number, including area code, of the person requesting the record.

I request review and/or duplication...if necessary – circle either “review” of “duplication”, whichever is applicable. Enter the FTPD incident numbers for the records being requested for review or duplication.

I certify...Pennsylvania/Signature of Requester – the requester is to affix his/her signature to indicate that they are a resident of Pennsylvania.

To be completed by – enter the name of the member to fulfill the request.

Request No. – enter the FTPD incident number for the record being requested.

Date Received – enter the date the request is received by the police department.

Action Taken – complete the appropriate action taken by entering the date the request was approved or notice was mailed.