

HANOVER TOWNSHIP PUBLIC RECORD REVIEW/DUPLICATION REQUEST

SECTION A: TO BE COMPLETED BY THE REQUESTER: Please print legibly

Date of Request: ____/____/____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____-_____-_____

E-Mail: _____ **Note: You will be notified initially within five (5) business days by telephone of the availability of the documents requested, unless you designate an alternative method for contact. You will be provided written notice of a denial of your request or extension of time to respond to a request within five (5) business days at the address listed.**

I request review duplication (check applicable boxes) of the following records. Important: You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. (i.e. exact property address, name) Use additional sheets if necessary. Specify whether you are requesting certified copies of any records.

I certify that I am a legal resident of the United States.

Method of delivery of document(s) requested: Pick up U.S. Mail Email Fax or Electronic File (if available)

Signature of Requester _____ This request may be submitted in person, by mail, or by facsimile to the **Attention of the Open Records Officer:**

Address: Hanover Township ,11 Municipal Dr. ,Burgettstown, PA. 15021

Fax: 724-947- 9118

Record Request #

SECTION B: TO BE COMPLETED BY TOWNSHIP:

Date Received: ____/____/____ Requester's Name: _____

Record Processed By: _____

Record Request # _____

Response Due Date (5 Business Days) ____/____/____

Action Taken: Approved: Date of approval: ____/____/____

Date Requestor notified: ____/____/____

By: _____ Method of notification: _____

Denied: Date requester notified: ____/____/____

By: _____ How: Mail In Person See attached form for reason of denial.

Denied in Part: Date requester notified: ____/____/____ By: _____

How: Mail In Person

See attached form for reason of redaction/partial denial.

Extension Required: Estimated response date: ____/____/____

Date requester notified: ____/____/____

By: _____

Notification Method: Mail In Person See attached form for reason for extension

Additional Information: _____