

BOROUGH OF HUMMELSTOWN – RECORD REQUEST FORM

DATE _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

DESCRIPTION OF RECORDS (For more space, continue on back or separate sheet)

INSTRUCTIONS (PLEASE CHECK) Drop Off FAX MAIL

SIGNATURE OF REQUESTER _____

For BOROUGH Use Only:

Copies ____ Postage _____ Disk ____ Fax ____

TOTAL COST _____

DATE RECEIVED BY BOROUGH _____

BOROUGH FIVE (5)-DAY RESPONSE DUE _____

DATE REQUEST FULFILLED _____

INITIALS OF STAFF CONTACT _____

DATE INFORMATION: PICK UP ____ FAX ____ MAIL ____ DISK ____ E-MAIL ____