



Borough of Emmaus  
*A Community United for Progress*

Public Record Review/Duplication Request

**Please print legibly**

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

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I request **review / duplication** (circle all that apply) of the following records. *Important:* You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use additional sheets if necessary.

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

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

\_\_\_\_\_  
Signature of Requestor

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

Open Records Officer  
Borough of Emmaus  
28 South Fourth Street  
Emmaus, PA 18049  
Fax: 610-965-0705  
Email: [spepe@borough.emmaus.pa.us](mailto:spepe@borough.emmaus.pa.us)

**For Office Use Only:**

Borough Received Date Stamp

5-Day Response Due

Records Date Stamp

I have reviewed and/or received the above requested material

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date