



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: _____

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: cneely@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