**BOROUGH OF OLD FORGE**

**PUBLIC RECORD REVIEW/DUPLICATE REQUEST**



**Please print legibly**

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

Requestor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request review/duplication (circle as appropriate) 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.

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

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

Signature of Requestor

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

Borough of Old Forge

310 S. Main Street

Old Forge, PA 18518

Tele: 570-457-8852

Fax: 570-451-7089

Email: oldforgeboroug@oldforgeborough.com