

Borough of Thornburg

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

I. TO BE COMPLETED BY REQUESTER - Please print legibly.

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTER (Optional): _____

STREET ADDRESS (Optional): _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

I request to review duplicate (check applicable boxes) of the following records. **Important:** You must identify or describe the records with sufficient specificity to determine which records are being requested.

DO YOU WANT COPIES? Check one: Yes No

DO YOU WANT TO INSPECT THE RECORDS? Check one: Yes No

DO YOU WANT CERTIFIED COPIES OF RECORDS? Check one: Yes No

II. TO BE COMPLETED BY RIGHT-TO-KNOW OFFICER

RIGHT-TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY 5 BUSINESS DAY RESPONSE DATE: _____

ACTION TAKEN: Copy to Manager Copy to Solicitor Copy to _____

Approved – Date _____ Notice Mailed _____

Denied in whole or part – Date _____ Notice Mailed _____

Additional Review