FAIRVIEW TOWNSHIP

Request for Public Records Form

Print Name: _____Date: _____

Mailing Address:

_____

Phone No. _____ Fax No. _____

Signature:_____

Description of Records: (For more space, continue on back)
INSTRUCTIONS for request: (Circle) PICK-UP FAX MAIL DISK EMAIL CERTIFICATION

Information was (check one) ***(FOR OFFICE USE ONLY)***
❑ Picked up at Office by Requester Date Picked Up_____
❑ Faxed Date Faxed _____
❑ Mailed Date Mailed_____
Copies_____ Postage_____ Disk_____ Fax_____ E-Mail_____Certification_____ Research_____
TOTAL COST_____ Initials of Staff Member_____

Adopted 12-22-08