

NORTH LONDONDERRY TOWNSHIP

655 EAST RIDGE ROAD, PALMYRA PA 17078
717-838-1373

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone No.: _____

Request to [] inspect [] duplicate the following public records. (Check applicable box)

Description of Record(s) Requested:

I hereby acknowledge that copying blueprints and other such oversized documents may incur additional costs. I understand that I am responsible for any additional costs that may be associated with requests for duplication.

Instructions (Circle one): Pick Up Mail

Signature

FOR OFFICIAL USE ONLY:

Date Received: _____ Date Approved/Denied: _____

Copies: _____ Certified: _____ Postage: _____

Total Cost: _____

Denied Notice Mailed: _____

Records Mailed To/Reviewed By Requestor: _____

Staff Member's Signature: _____

Copy - \$.25 / Page / Side 3rd Party Copy – Actual Cost Certified - \$1.00 / Record Postage – Actual Cost Fees Exceeding \$100 Prepayment Required
