



Township of North Fayette

PUBLIC RECORD REVIEW/DUPLICATION REQUEST - Please Print Legibly

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____ Email: _____

I request review duplication (check applicable boxes) of the following records.

Important - you must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

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

Signature of Requester

This request may be submitted in person, by mail, email, or by facsimile to
Robert T. Grimm, Township Manager
Email: rtk@north-fayette.com



Township of North Fayette

PUBLIC RECORD REVIEW/DUPLICATION REQUEST
To be Completed by Open Records Officer

Request No.: _____

Date Received: _____

Action Taken: _____

Additional Review - Extension Required - Date mailed/emailed: _____

Applicant Reviewed documents - Date: _____

Approved - Date mailed/emailed: _____

Denied - Date mailed/emailed: _____

Date Closed: _____