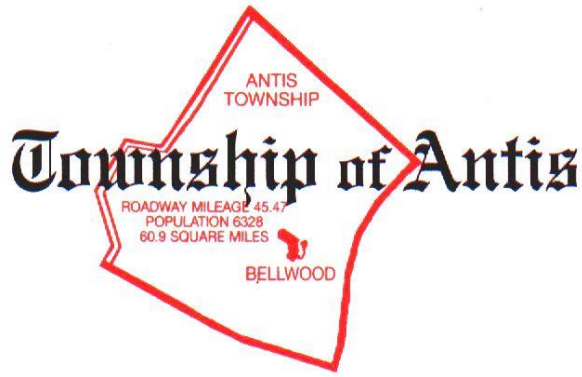


MUNICIPAL BUILDING
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DAVID A. WORTHING

SOLICITOR
PATRICK J. FANELLI

PUBLIC RECORD REQUEST FORM

Date Requested:

Request Submitted By: Email US Mail Fax In-Person

Name of Requestor: _____

Street Address: _____

City/State/County (Required): _____

Telephone (Optional): _____

Records Requested:

Provide as much specific information as possible so the Township can identify the information.

Do You Want Copies? Yes No

Do you want to inspect the records? Yes No

Do you want certified copies of records? Yes No