

**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

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**Please print legibly.**

Date of Request: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

Requester's Telephone: \_\_\_\_\_

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 Borough to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am a resident of the Commonwealth of Pennsylvania.

\_\_\_\_\_  
Signature of Requester

This request may be submitted in person, by mail or by facsimile to:

Borough Secretary  
Borough of Edgeworth  
301 Beaver Road  
Edgeworth, PA 15143  
Fax: (412) 741-6998