



Philipsburg Borough
4 North Centre Street
PO Box 631
Philipsburg, PA 16866
814-342-3440
Fax: 814-342-5608

Request for Public Records form

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUEST SUBMITTED TO: Philipsburg Borough, 4 North Centre Street Philipsburg, PA 16866

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY/ZIP (Required): _____

TELEPHONE: _____ EMAIL (optional): _____

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT ELECTRONIC OR A PRINTED COPY? ELECTRONIC PRINTED

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES NO

CHECK TO ACCEPT: BY SUBMITTING THIS REQUEST, I UNDERSTAND THAT THE INFORMATION PROVIDED IS RESPONSE TO MY REQUEST MAY NOT BE USED FOR COMMERICAL PURPOSES. I AM ALSO AWARE THAT THE INFORMATION I SUBMIT USING THIS FORM IS A PUBLIC RECORD AND SUBJECT TO PUBLIC INSPECTION

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED AND PERSON HANDLING THE REQUEST
