

TOWNSHIP OF HANOVER

2731 State Route 18
Hookstown, PA 15050
Office: 724-899-2642 • Fax: 724-899-2690

RECORD REQUEST FORM

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

FAX: _____

DESCRIPTION OF SPECIFIC RECORDS REQUESTED (*Use additional sheets if necessary*):

Method(s) of Delivery(select one): Pickup / Mail / Email / Fax / Disk

Signature of Requestor: _____ Date: _____

NOTE: By executing this form, the Requester certifies that he/she has received, read and understands the Township Public Record Request Policy and the applicable appeal rights referenced therein.

For Township Office Use Only

Date Received by Township: _____ Received by: _____

Number of Pages Reproduced: _____ Postage: _____ Fax: _____ Disk: _____

Total Cost: _____ Date Completed: _____

Date Mailed: _____ Date Faxed: _____ Date Picked Up: _____

Staff Member Completing Request: _____