

TOWNSHIP OF BALDWIN

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

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 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 or by facsimile to:

**Mary McGinley, Township Manager
Township of Baldwin
10 Community Park Drive
Pittsburgh, PA 15234**

TOWNSHIP OF BALDWIN

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

To be completed by Open Records Officer:

Request No.: _____

Date Received: _____

Action Taken:

Approved _____

Date of approval: _____

Denied _____

Date notice mailed: _____

Additional Review
Required _____

Date notice mailed: _____