

**WEST CHESTER BOROUGH  
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 Borough of West Chester 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: