

**Township of Richland**

**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**I. TO BE COMPLETED BY REQUESTER - Please print legibly.**

DATE REQUESTED: \_\_\_\_\_

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

NAME OF REQUESTER (Optional): \_\_\_\_\_

STREET ADDRESS (Optional): \_\_\_\_\_

CITY/STATE/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

I request to  review  duplicate (check applicable boxes) of the following records. **Important:** You must identify or describe the records with sufficient specificity to determine which records are being requested.

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

DO YOU WANT COPIES? Check one:  Yes  No

DO YOU WANT TO INSPECT THE RECORDS? Check one:  Yes  No

DO YOU WANT CERTIFIED COPIES OF RECORDS? Check one:  Yes  No

**II. TO BE COMPLETED BY RIGHT-TO-KNOW OFFICER**

RIGHT-TO KNOW OFFICER: \_\_\_\_\_

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_

AGENCY 5 BUSINESS DAY RESPONSE DATE: \_\_\_\_\_

ACTION TAKEN:     Copy to Manager     Copy to Solicitor     Copy to \_\_\_\_\_

Approved – Date \_\_\_\_\_ Notice Mailed \_\_\_\_\_

Denied in whole or part – Date \_\_\_\_\_ Notice Mailed \_\_\_\_\_

Additional Review