MILLERSBURG BOROUGH
PUBLIC RECORDS REVIEW/ DUPLICATION REQUEST

Date of Request: ___________________________

Requestor’s Name: ___________________________________________________________

Requestor’s Address: __________________________________________________________

I request ___ review ___ duplication (check as appropriate) of the following records. Important: You must identify or describe the records with sufficient specificity to enable the Open Records Officer to determine which records are being requested. Use additional sheets if necessary.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I certify that I am a resident of the United States of America.

________________________________________________
Signature of Requestor

This request may be submitted in person, by mail, by facsimile or e-mail to:

Ann Bowman Jackson
Open Records Officer
Millersburg Borough
101 West Street
Millersburg PA 17061
(717) 692-5713 fax
mbgsec@comcast.net email