

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.

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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](mailto:mbgsec@comcast.net) email