

BOROUGH OF UNION CITY
Public Record Request Form

Requester Name: _____

Requester Mailing Address: _____

Phone: (____) _____ Email: _____

Please identify or describe the records sought: _____

(Please attach an additional sheet of paper if necessary)

Please note the format you would like the records to be in, such as in paper or electronic format. If you desire access in an electronic format, please list which format.

(Records will be provided in the format requested, if it exists in that format; otherwise it will be provided in the format in which it exists.)

I am requesting that:

- the identified records be mailed to me at the address provide. I understand certain duplication and postage fees apply.
- the records be made available for inspection at the Borough's Municipal Office during regular business hours.
- the records be forwarded to me electronically.
- certified copies of the records be made available to me. I understand that fees for providing certification of records apply.

Date Request Submitted: _____

Signature of Requester: _____

#813238

For Open-Records Officer Use Only

Date of Receipt: _____

5 Day Response Date: _____