

**NEWBERRY TOWNSHIP, YORK COUNTY
REQUEST FOR ACCESS TO PUBLIC RECORDS**

1. Date Requested: _____

2. Name of Requester: _____

3. Address: _____

4. Telephone Number: _____

5. How Requested: Mail:_____ E-mail:_____ Fax:_____ In-Person:_____

6. I request the following records (the records must be identified in sufficient detail to allow the Township staff to identify and locate them):_____

7. I wish to have the records forwarded to me in the following manner:

_____ I will pick them up. Contact me at the following telephone number:

_____ Please mail them to me at the above address, or (if different) at:

_____ Please mail them to the following person and address:

_____ Please fax or e-mail them to me at:

_____ I will inspect the records

6. I prefer the records in the following format (this request will be honored only if the records are kept by the Township in the format requested):

_____ Photocopies

_____ Facsimile

7. I certify that I will pay the costs of duplicating the public records pursuant to the schedule of fees established by the Township's Policies and Resolution No. 2008-21 and any amendments thereto within fifteen (15) days of the mailing of such records and invoice, unless alternative arrangements are made with the Township.

Signature of Requester: _____

DATE REQUEST RECEIVED BY AGENCY:_____

AGENCY RESPONSE DUE DATE:_____

INITIALS OF STAFF MEMBER:_____

COSTS: Copies:_____ Postage:_____ Disk:_____ Fax:_____

TOTAL COST:_____

DATE INFORMATION: Picked up:_____ Faxed: _____ Mailed:_____ E-mailed:_____