

**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-__ 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: _____

IF REQUESTER WISHES TO PURSUE THE RELIEF AND REMEDIES PROVIDED FOR IN THE ACT, THE REQUEST MUST BE IN WRITING (SECTION 702).