

BOROUGH OF LIBERTY  
PUBLIC RECORDS REVIEW/DUPLICATION REQUEST

Please print legibly.

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Telephone: \_\_\_\_\_

I request review/duplication (circle as appropriate) of the following records. Important: you must identify or describe the records with sufficient specificity to enable the Borough 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:

Borough of Liberty  
2921 Liberty Way  
McKeesport, PA 15133