EAST HUNTINGDON TOWNSHIP RECORDS REQUEST FORM

Date				
Name				
Address				
City		State		Zip
Phone Number (_)			
Do You Want Copi	es? (Circle)	Yes No		
Do You Want to Ph	nysically Inspe	ct the Record	ds? Ye	s No
Do You Want Certi	fied Copies?	Yes No		
Description of Rec	ords (For more sp	pace, continue on	back)	
Instructions (circle or	ne): Pick-up	o Fax	Mail	
(Please provide a daytim	e telephone numbe	r, fax number or i	mailing ado	ress below.)
`				
Sianature (<i>when reau</i>	est is fulfilled)			
For Office Use On	ly:			
Date Request Recei	ved:			
Five Day Response	Date:			
Total Cost: ©	Pos	siage		
Total Cost. \$	d:			
		uest:		
Signature (when request is fulfilled) For Office Use Only: Date Request Received: Five Day Response Date: Fees for: Copies Postage Fotal Cost: \$ Date Request Fulfilled: Initials of Staff Member Fulfilling Request: Date Information Was: Picked Up Faxed Mailed				

FEE SCHEDULE

Duplicates of public records shall be provided by the Township upon payment of applicable fees.

A list of applicable fees shall be provided to each Requester, posted in the Township office and be available electronically.

The Township shall not assess any fees for staff time or resources used to evaluate a request for access to public records.

The Township requires a prepayment of estimated fees when the fees required to fulfill the request are expected to exceed \$100.00.

The Fee for a standard 8 $\frac{1}{2}$ x 11 black and white document is twenty-five cents (\$.25) per page.

Specialized documents including but not limited to blue prints, color copies and non-standard sized documents shall be charged to the Requester at the actual cost of production.

If mailing is requested the Requester shall pay actual postage charged for all mailings.

A Certification Fee of \$1.00 per document shall be charged if Requester desires certification.