

**SLIPPERY ROCK BOROUGH  
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please print legibly

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

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Note: You will be notified initially within five (5) business days by telephone of the availability of the documents requested, unless you designate an alternative method for contact. You will be provided written notice of a denial of your request or extension of time to respond to a request within five (5) business days at the address listed.**

I request  review  duplication (check applicable boxes) 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. ( i.e. exact property address, name) Use additional sheets if necessary. Specify whether you are requesting certified copies of any records.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am a legal resident of the United States.

Signature of Requester \_\_\_\_\_

This request may be submitted in person, by mail, by e-mail or by facsimile to:

Slippery Rock Borough  
306 East Water Street  
Slippery Rock, PA 16057  
ATTN: Records

Fax 724-794-6448 E-mail: \_\_\_\_\_

**TO BE COMPLETED BY THE BOROUGH:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person Processing Request \_\_\_\_\_  
Date Response Due (5 Business Days) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Action Taken:**

Approved

Date of approval: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Requestor notified: \_\_\_\_/\_\_\_\_/\_\_\_\_  
By: \_\_\_\_\_  
Method of notification: \_\_\_\_\_

Denied

Date requester notified: \_\_\_\_/\_\_\_\_/\_\_\_\_  
By: \_\_\_\_\_  
How:  Mail  In Person  
 See attached form for reason of denial.

Denied in Part

Date requester notified: \_\_\_/\_\_\_/\_\_\_

By: \_\_\_\_\_

How:  Mail  In Person

See attached form for reason of redaction/partial denial.

Extension Required

Estimated response date: \_\_\_/\_\_\_/\_\_\_

Date requester notified: \_\_\_/\_\_\_/\_\_\_

By: \_\_\_\_\_

How:  Mail  In Person

See attached form for reason for extension