

Number Assigned to Request: _____

(For Borough Use ONLY)



PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please Print Legibly...

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request review duplication (check applicable box) of the following records:

(IMPORTANT - You must identify or describe the records with sufficient specificity to enable the Administration of the Borough to determine which records are being requested. Use additional sheets if necessary. The cost for copies is 25¢ per page. Requests for 40 pages or more must be paid in advance.)

Signature of Requester

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

Brant Kucera, Borough Manager/Public Records Officer
Borough of Kennett Square
120 Marshall Street
Kennett Square PA 19348

Phone: 610.444.6020
Fax: 610.444.9385
ksboro@kennett.net

(This portion to be completed by Borough of Kennett Square personnel ONLY)

Date Request Received: _____

Approved or Denied (circle one): _____
(Initial and Date)

Department Assigned to: _____ Date: _____

Date and Time Requestor Contacted: _____ By: _____

Date Records Reviewed by Requestor: _____ By: _____
(Limited to 30 days from date of contact)

Completed form must be returned to Assistant to Borough Manager...Thank You!