

Borough of Hatfield  
401 S. Main Street  
P.O. Box 190  
Hatfield, PA 19440  
Tel: 215-855-0781/Fax: 215-855-2075

**PUBLIC RECORD REQUEST / DOCUMENT REVIEW / DUPLICATION FORM**

To: **Open Records Officer**

Date: \_\_\_\_\_

From: **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone / Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Note that you must identify or describe the requested records with sufficient specificity to allow the Borough to determine what records are being requested. Attach additional sheets if necessary. You may deliver this to Borough Office in person or by mail, or Fax it to (215) 855-2075.**

I hereby request to (circle one or both) **Review / Receive Copies** of the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Requestor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**FOR OFFICIAL USE ONLY**

**Date Received:** \_\_\_\_\_

**Name of Person Receiving:** \_\_\_\_\_

**Date Response Due (5 days from Date Received):** \_\_\_\_\_

**Action Taken:**

- \_\_\_\_\_ **Notice of Electronic availability.**
- \_\_\_\_\_ **Approved**
- \_\_\_\_\_ **Denied**
- \_\_\_\_\_ **Extension Requested**

**Date Response Sent to Requestor:** \_\_\_\_\_