

TOWNSHIP OF ROSTRAVER

Rostraver Municipal Building
201 Municipal Drive
Belle Vernon, PA 15012
Phone: 724-929-8877
Fax: 724-929-5009
E-mail: commissioners@rostraver.us

REQUEST FOR PUBLIC RECORDS

In accordance with the Township of Rostraver's Open Records Policy, the following information is required to request any public record.

1. The request is to:

_____ access copies of records.

_____ procure copies of records.

_____ access to the documents and a copy of those documents.

Note: A request to access records does not include a right to remove a record from the control or supervision of the Open Records Officer.

2. Requestor Information (All information must be legible)

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

3. Information Requested

All records requested must be identified and/or described with sufficient specificity so that we may ascertain whether we have these documents and how to locate them. (Note: Each record request must be specific to one record. Multiple record requests are permitted but must be on separate forms.)

4. Medium in which the record is requested (fees apply – Please see Schedule A)

____ Photocopy or electronic scan/print

____ Electronic e-mail

5. I certify that I am a resident of the United States of America. (Note: Appropriate documentation may be requested.)

Signature of Requester