



Borough of Indiana
Indiana County
Pennsylvania

80 North 8th Street
Indiana, PA 15701

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PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Date of Request: _____

ORR # (Office Use): _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone/Email: _____

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 of Indiana to determine which records are being requested. Use additional sheets if necessary.

I certify that I am a resident of the Commonwealth of Pennsylvania

Signature of Requester

FOR BOROUGH USE ONLY:

Date Request Received: _____ 5 Day Response Deadline: _____

Action Taken:

Approved; Date: _____ Denied; Date: _____

Extension Invoked (check): _____ 30 Day Date: _____