



NORTH HUNTINGDON TOWNSHIP MUNICIPAL AUTHORITY
PUBLIC RECORD REVIEW/DUPLICATION REQUEST

SECTION A: TO BE COMPLETED BY THE REQUESTER:

Please print legibly.

Date of Request: ___ / ___ / ___

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: ___ - ___ - ___

Requester's E-mail: _____

Requester's Facsimile: ___ - ___ - ___

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 the need for an 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 Municipal Authority to determine which records are being requested. (i.e. exact property address and 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.

Method of delivery of document(s) requested: [] Pick up [] U.S. Mail [] E-mail [] Fax

Signature of Requester: _____

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

Address: Open Records Officer
North Huntingdon Township Municipal Authority
11265 Center Highway
North Huntingdon, PA 15642
Fax: 724-863-5691
E-mail: mbranthoover@nhtma.org

NHTMA: Date Received _____ **Record Request #:** _____

SECTION B: TO BE COMPLETED BY THE MUNICIPAL AUTHORITY:

Date Received: ____ / ____ / _____ Requester's Name: _____

Record Processed By: _____ Record Request #: _____

Response Due Date (5 Business Days): ____ / ____ / _____

Action Taken:

Approved: Date of Approval: ____ / ____ / _____

Date Requester 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 denial.

Extension Required: Estimated Response Date: ____ / ____ / _____

Date Requester Notified: ____ / ____ / _____

By: _____

How: Mail In Person

See attached form for reason of denial.

Additional Information: _____
