

**South Coventry Township
Record Request Form**

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF RECORDS: (For more space, continue on back)

INSTRUCTIONS: PICK UP FAX MAIL DISK EMAIL

By signing below, I certify that I am a citizen of the Commonwealth of Pennsylvania

SIGNATURE (When request if fulfilled) _____

For Office Use Only:

Copies: _____ Postage: _____ Disk: _____ Fax: _____

Total Cost: _____

Date Request Fulfilled: _____

Initials of Staff Member: _____

Date Information: Picked up: _____ Faxed: _____ Mailed: _____