



Parkesburg Borough
315 West First Avenue, Building 1
Parkesburg, PA 19365
610-857-2616

REQUEST FOR PUBLIC RECORDS

Date of Request: _____ Date Request Filled/Denied: _____

Requestor's Name: _____

Address: _____

Phone: _____ Fax: _____

Specific Records Requested: _____

(use additional sheets if necessary)

Certification Requested: _____ Yes _____ No

Number of Copies of Each Record: _____

Method of Receipt of Record(s):

_____ In Person _____ Mail _____

(address if different from above)

Submit this form to:

Parkesburg Borough Manager
315 West First Avenue, Building 1
Parkesburg, PA 19365
610-857-2616

Fee: \$ _____

Fee Paid: _____ Yes _____ No