

**SPRINGFIELD TOWNSHIP
PUBLIC RECORD REVIEW / DUPLICATION REQUEST**

Date of Request: _____

Requester's Name (Optional): _____

Requester's Address (Optional): _____

City / State / Zip / County (Required): _____

Requester's Telephone (Optional): _____

Requester's e-mail address (Optional): _____

The Township must fill anonymous verbal or written requests. HOWEVER, IF THE REQUESTER WISHES TO PURSUE THE RELIEF AND REMEDIES PROVIDED FOR IN THE RIGHT-TO-KNOW LAW, THE REQUEST MUST BE IN WRITING.

I request **Review** **Duplication** (check one) of the following records:

IMPORTANT: You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. (Use additional sheets if necessary.)

I certify that I am a legal resident of the United States

Signature of Requester

This request may be submitted in person, by mail, or by facsimile to:
Right-to-Know Officer, Springfield Township, 1510 Paper Mill Rd, Wyndmoor, PA 19038