



Incorporated 1904

BOROUGH OF LEETSDALE

Office of Administration

RECORDS REQUEST FORM

Please Print Legibly.

Date of Request: _____

Request submitted by: E-mail U.S Mail FAX In-Person (*check one*)

Name of Requestor: _____

Address: (*Required*)

Telephone: _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information.*

Do you want copies? YES NO Fee: _____ (*0.25 ¢ per sheet*)

Do you want to inspect the records? YES NO

Signature of Requestor

Jennifer Simek
Open Records Officer (ORO)

FOR OFFICE USE ONLY

Date Review by ORO: _____

Date information due to requestor (5) business days: _____

Date of request for 30 day extension if necessary: _____

If accepted – final day of extension: _____

Date information given to requestor: _____