

BOROUGH OF WALNUTPORT

RECORD REQUEST FORM

DATE _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

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

INSTRUCTIONS: PICK-UP FAX MAIL DISK

Signature (When request is fulfilled)

For Office Use Only:

Copies _____ **Postage** _____ **Disk** _____ **Fax** _____

TOTAL COST _____

DATE REQUEST FULFILLED _____

INITIALS OF STAFF MEMBER

DATE INFORMATION: Picked up _____ **Faxed** _____ **Mailed** _____