

**BOROUGH OF NEW BRIGHTON
PUBLIC RECORD REVIEW/COPY REQUEST**

Please Print Legibly

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

Requester's Email Address: _____

I request ___ review ___ copies ___ certified copies (check applicable boxes) of the following records. **Important:** You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use additional sheets if necessary.

Signature of Requester

This request may be submitted in person, by mail, by email, or by facsimile to:

Open Records Officer
New Brighton Borough
610 Third Avenue
New Brighton, PA 15066-1893
openrecords@newbrightonpa.org
FAX: (724) 847-5128
Voice: (724) 846-1870