

TOWNSHIP OF JACKSON

140 Magill Road
Zelienople, PA 16063

RECORD REQUEST FORM

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE: () _____

FAX: () _____

DESCRIPTION OF SPECIFIC RECORDS REQUESTED *(Use additional sheets if necessary):*

Method(s) of Delivery (select one): Pickup Mail Email Fax Disk

Signature of Requestor: _____ Date: _____

NOTE: By executing this form, the Requestor certifies that he/she has received, read and understands the Township Public Record Request Policy and the applicable right to appeal rights referenced therein.

.....

For Township Use Only

Date Received by Township: _____ Received by: _____

Number of Pages Reproduced: _____ Postage: _____ Fax: _____ Disk: _____

Total Cost: _____ Date Completed: _____

Date Mailed: _____ Date Faxed: _____ Date Picked Up: _____

Staff Member Completing Request: _____