

***Dreher Township***  
*899 Main Street*  
*P.O. Box 177*  
*Newfoundland, Pennsylvania 18445*  
*Phone: (570) 676-4976 Fax: (570) 676-4976*

**PUBLIC RECORDS REQUEST FORM**

Date of Request: \_\_\_\_\_

Request Submitted By: \_\_\_\_\_ In Person \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax  
\_\_\_\_\_ Other (specify \_\_\_\_\_)

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: (if applicable) \_\_\_\_\_

Email: (if applicable) \_\_\_\_\_

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DESCRIPTION OF PUBLIC RECORDS REQUESTED: *(Please provide as much specific detail and information as possible so that the Township can identify the record. Attach additional sheets if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you want to inspect the records? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want copies of the records? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want certified copies of the records? \_\_\_\_\_ Yes \_\_\_\_\_ No

Delivery Instructions: \_\_\_\_\_ Pick Up \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax  
Other (specify \_\_\_\_\_)

Signature of Requester: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

(Open Records Officer)

Township 5-day Response Due: \_\_\_\_\_