



NESHANNOCK TOWNSHIP, LAWRENCE COUNTY

PUBLIC RECORD REQUEST FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

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

INSTRUCTIONS WHEN RECORDS ARE READY: Pick up

Signature of individual requesting information

FOR OFFICE USE ONLY:

COPIES: _____ TOTAL COST: _____ DATE REQUEST FULFILLED: _____

INITIALS OF STAFF MEMBER: _____ DATE INFORMATION WAS PICKED UP: _____