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Request For Access to Public Records

Date Requested: _____
Name Of Requestor: _____
Address: _____

Telephone Number: _____

How Requested: Mail: ___ E-mail: ___ Fax: ___ In Person: ___

I request the following records (the records must be identified in sufficient detail to allow the Authority staff to identify and locate them):

I wish to have the records forwarded to me in the following manner:

- ___ I will pick them up. Contact me at the number listed above
- ___ Please mail them to me at the above address, or (if different) at:

___ Please mail them to the following person and address:

___ Please Fax or e-mail them to me at: _____

___ I will inspect the records

I prefer the records in the following format (this request will only be honored if the records are kept by the authority in the format requested):

- ___ Photocopies
- ___ Facsimile

I certify that I will pay the costs of duplicating the public records pursuant to the schedule of fees established by the Authority's Policies and Resolution No. 2008-03 and any amendments thereto within fifteen (15) days of the mailing of such records and invoice, unless alternative arrangements are made with the Authority

Signature of requester: _____

DATE REQUEST RECEIVED BY AGENCY _____ INITIAL OF STAFF MEMBER _____

AGENCY RESPONSE DUE DATE _____

COSTS: Copies: _____ Postage: _____ Disk: _____ Fax: _____

TOTAL COST: _____

DATE INFORMATION Pocked up: _____ Faxed: _____ Mailed: _____ E-mailed: _____