

PINE GROVE TOWNSHIP
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~~~~~ **RECORD REQUEST FORM** ~~~~~

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

Name: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Description of Specific Records Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method(s) of delivery: (circle one) Pickup Mail E-mail\* Fax\*  
\*(If available)

Signature of requestor: \_\_\_\_\_

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Postage \$ \_\_\_\_\_

Total Due/Collected \$ \_\_\_\_\_

Date Completed: \_\_\_\_\_

Staff Member completing request: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Date Picked Up/Mailed: \_\_\_\_\_