

**TOWNSHIP OF UPPER ST. CLAIR
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please print legibly.

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request review duplication of the following records.
(Check applicable boxes)

Important: You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

Please note that in order to obtain information regarding a commercial property, requester must have written authorization from the owner of the property.

SUBJECT PROPERTY ADDRESS: _____

I certify that I am a resident of the Commonwealth of Pennsylvania.

Signature of Requester

This request may be submitted in person, by mail or by facsimile to:

Matthew R. Serakowski
Township Manager
Township of Upper St. Clair
1820 McLaughlin Run Road
Upper St. Clair, Pa 15241
FAX: 412.831.9882