

BOROUGH OF NESQUEHONING

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NESQUEHONING PA 18240

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PUBLIC RECORD REQUEST FORM

Please Print Legibly

Requester's name: _____ Date: _____

Mailing address: _____

Phone number / e-mail address: _____
(for clarification purpose only)

Description of Records Requested (please be as specific as possible to enable the Municipality to fulfill this request correctly. For additional space, please use the back of this form).

If duplication is required and available, please be advised that copies are \$0.25 per page and indicate desired delivery method.

Delivery method: pick-up or fax to # _____.

I hereby certify, that I am making this request for legitimate purposes and not to engage in any unlawful activities or violating any court order prohibiting me from having contact with someone (such as a Protection from Abuse Order), nor am I making this request to harass, annoy or alarm any person. False statements made herein are punishable by law pursuant to section 4904 of the Pennsylvania Crimes Code.

Signature of Requester: _____

This request may be submitted to the Borough Secretary in person, by mail or by fax.