

EAST BUFFALO TOWNSHIP

PUBLIC RECORDS

DATED REQUESTED: _____

REQUEST SUBMITTED BY: EMAIL U.S. MAIL FAX IN PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

Provide as much specific detail as possible so the Township can identify the information.

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

OPEN RECORDS OFFICER:

DATE RECEIVED BY THE PUBLIC RECORDS OFFICER:

FIVE (5) DAY RESPONSE DUE: