

EXHIBIT "A"

WEST BRADFORD TOWNSHIP
PUBLIC RECORD REVIEW/DUPLICATION REQUEST

PLEASE PRINT LEGIBLY:

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request review application (check applicable box(s)) of the following records:

IMPORTANT: YOU MUST IDENTIFY OR DESCRIBE THE RECORDS WITH SUFFICIENT SPECIFICITY TO ENABLE THE TOWNSHIP MANAGER TO DETERMINE WHICH RECORDS ARE BEING REQUESTED. USE ADDITIONAL SHEETS IF NECESSARY.

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

Signature of Requester

EXHIBIT "A"

**WEST BRADFORD TOWNSHIP
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

To Be Completed By: _____

Request No.: _____

Date Received: _____

Action Taken:

Approved Date of approval: _____

Denied Date notice mailed: _____

Additional Review Date notice mailed: _____