

Girard Township Records Request Form

Name: _____ Today's Date: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ - _____ Phone (Including Area Code): (____) _____
Fax: (____) _____ Email: _____

Description of Records Requested: (If more space is required, use back of page.)

How would you like to retrieve this information? (Please circle only one.)

Pick-Up Fax U.S. Mail E-mail 3½" Floppy*
CD Rem*

Signature of Requestor if not picking up information in person: X _____

*Media provided by the requestor will not be permitted due to the possibility of system contaminates (viruses).

Do not write below this line unless requested. _____

For Office Use Only:

of Copies - _____ x .25 each = \$ _____ Telephone Fees for Fax: _____ pages @ \$ _____

Postage: \$ _____ 3½" Floppy(s): _____ disks @ \$ _____

Total Due Upon Receipt: \$ _____

Date requested information was made available: _____

Name of Retrieving Staff Member: _____ Title: _____

Date and method records were released to requestor: _____ Picked Up _____ Faxed _____
_____ Postmarked by U.S. Mail _____ Sent with confirmation via Email

I, _____ do hereby affirm that Girard Township **has/has not** fulfilled my request
(Please print legibly.)
(Circle one)
for the aforementioned records, this _____ day of _____, 20 _____.

Signature: _____