

SLIPPERY ROCK MUNICIPAL AUTHORITY

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please print legibly.

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone Number: _____

I request review duplication (check applicable boxes) of the following records. **Important:** You must identify or describe the records with sufficient specificity to enable the Slippery Rock Municipal Authority to determine which records are being requested. Use additional sheets if necessary.

I certify that I am a legal resident of the United States

Signature of Requester

(This request may be submitted in person, by mail or by facsimile to: Open -Records Officer, Manager, Slippery Rock Municipal Authority, 116 Crestview Rd., P.O. Box 157, Slippery Rock, PA 16057-0157, (724) 794-6552, (724) 794-4033 fax; oro@srmaws.com)

To be completed by the Slippery Rock Municipal Authority:

Request No.: _____ Date Received: _____

ACTION TAKEN:

— Approved	Date of Approval: _____
— Denied	Date notice mailed: _____
— Other Response	Date notice mailed: _____