

**RECORD REQUEST REVIEW/DUPLICATION REQUEST**

**Please print legibly**

DATE OF REQUEST: \_\_\_\_\_

REQUESTER'S NAME: \_\_\_\_\_

REQUESTER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

REQUESTER'S PHONE NUMBER: \_\_\_\_\_

REQUESTERS EMAIL ADDRESS: \_\_\_\_\_

I request review  duplication  (check applicable) of the following records. **Important:** You must identify or describe the records with sufficient specificity to enable the Secretary 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 (When request is fulfilled)

This request may be submitted in person, by mail or by facsimile to:

**Stacy C. Milo**  
**Secretary**  
**Hanover Township – Northampton County**  
**3630 Jacksonville Road**  
**Bethlehem, PA 18017-9302**