



**TOWNSHIP OF HAMPTON**

**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**Please print legibly.**

Date of Request: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

\_\_\_\_\_

Requester's Telephone: \_\_\_\_\_

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 Township to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requested Information to be:**    \_\_\_ Picked-up    \_\_\_ Faxed    \_\_\_ Mailed

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

\_\_\_\_\_  
Signature of Requester

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

W. Christopher Lochner,  
Municipal Manager/Open Records Officer  
Township of Hampton  
3101 McCully Road  
Allison Park, PA 15101  
412-486-5019 (fax)

**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**To be completed by Open Records Officer:**

**Request No.:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Date Response Due:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_  
\_\_\_\_\_

**Approved**                      Date of approval: \_\_\_\_\_

Date info.: picked up \_\_\_\_\_ mailed \_\_\_\_\_ emailed \_\_\_\_\_

**Denied**                      Date notice mailed: \_\_\_\_\_

**Additional Review**              Date notice mailed: \_\_\_\_\_