

**TOWNSHIP OF PATTERSON
PUBLIC RECORD REVIEW/COPY REQUEST**

Please print legibly.

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request _____ review _____ copies _____ certified copies (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.

Signature of Requester

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

Patterson Township
1600 19th Avenue
Beaver Falls, PA 15010
FAX: (724) 843-8687