

**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**Please print legibly**

Date of request: \_\_\_\_\_

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

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

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

I request ( )review or ( )duplicate (check applicable boxes) of the following records. **Important:** You must identify or describe the records sufficiently to enable the City to determine which records are being requested. **Be sure to include date of the incident.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I am a resident of the Commonwealth of Pennsylvania.

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

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

Chief of Police  
Johnstown Police Department  
401 Washington Street  
Johnstown, PA 15901  
FAX 814-533-2076