

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