

The Borough of Kutztown

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Email: gkhalife@kutztownboro.org

Request to Review or Duplicate Public Records

Requestor Name:		Contact Phone:	
Address:		Address:	
City:		State: Zip C	Code:
Request Date: Date Information Need		eded:	
sufficient specificity to	information. Important enable the Right-To-Ki additional sheets if neces	now Officer to determin	
	(FOD OFF	ICE USE ONLY)	
Charges apply: Borough	Meetings \$25 per (DVD)_		\$100 per (DVD)
Copies .25¢ per page Misc. Charge Total: \$			
Action Taken	Date Complete	Authorized By	Received Date
□ Approved			
Denied			
Additional Review			
Signature and payment	is required before any i	material is released.	
Signature of Requestor		Date Information Received	