

Date Received: _____
Tracking No.: _____

BOROUGH OF LINESVILLE

P.O. Box 145
Linesville, PA 14624
(814) 683-4382 – Office
(814) 683-2167 – Fax

OPEN RECORDS REQUEST FORM

Name of Requester

(Please print) _____
Last First MI

Signature: _____ **Date:** _____

Mailing Address: _____
Street/P.O. Box

_____ City State Zip Code

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Please identify each of the documents that are subject to this request. You must identify these documents with sufficient specificity so we may ascertain whether we have these documents and how to locate them.

Please check one of the following boxes:

- I am only requesting access to the documents identified above.
- I am only requesting a copy of the documents identified above.
- I am requesting access to the documents identified above **and** a copy of those documents.

If you are requesting a copy of the documents identified above, please check one of the following boxes:

- I want a paper copy of the documents
- Other format (please specify): _____

SCHEDULE A

BOROUGH OF LINESVILLE OPEN RECORDS FEE SCHEDULE

The following fee schedule shall apply only to Responses to Open Records Law Requests:

1. A fee of \$.50 (fifty cents) per page will be charged for the following:
 - a. Photocopying
 - b. Printing
 - c. Copying onto electronic media (an additional CD or Diskette fee of \$10 will also be charged)
 - d. Transmission by facsimile or electronic transmission (e-mail)
2. Arrangements may be made for granted Open Records Request Responses to be viewed by appointment at no charge.
3. Actual postage shall be charged to the Requester.
4. Additional fees shall apply for complex and extensive data sets and also for pages larger than 8.5 X 14 inches. These fees are available upon request.