

**BOROUGH OF CORAOPOLIS  
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please print legibly.

Date of Request: \_\_\_\_\_

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

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

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

I request \_\_\_\_\_ review \_\_\_\_\_ duplication (check applicable boxes) of the following records.  
**Important:** You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Borough Manager  
Borough of Coraopolis  
1012 Fifth Avenue  
Coraopolis, PA 15108