

Borough of Coraopolis

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BOROUGH OF CORAOPOLIS PUBLIC RECORD REVIEW / DUPLICATION REQUEST

Please print legibly		Date of Request:
Requester's Name:		
Requester's Addres	s:	
Requester's Teleph	one:	
Requester's Email A	Address:	
records. <i>IMPORTANT</i> You n	nust identify or	duplication (check applicable boxes) of the following describe the records with sufficient specificity to enable the ds are being requested. Use additional sheets if necessary.
I certify that I am a r	resident of the	Commonwealth of Pennsylvania.
Signature of Requester		

This request may be submitted in person, by mail, email, or by facsimile to the address at the top of the page.