

**Borough of Tamaqua
Public Record Review/Duplication Request**

Please print legibly

Date of Request _____

Requester's Name: _____

Requester's Address: _____

Requester's Phone: _____

Requester's eMail: _____

I request review duplication (check as appropriate) 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 United States of America.

Signature of Requester

This request may be submitted in person, by mail, by fax, or email to:

Borough of Tamaqua
320 East Broad Street
Tamaqua, Pa 18252
570-668-0300 (Phone)
570-668-5818 (Fax)