

WHEATFIELD TOWNSHIP RECORD REQUEST FORM

DATE _____

NAME OF REQUESTOR _____

ADDRESS _____

PHONE NUMBER _____

DESCRIPTION OF RECORDS AND DATE OF RECORDS REQUESTED (may continue on
back for more space)

INSTRUCTIONS: PICK-UP FAX MAIL DISK

SIGNATURE _____

For Office Use Only:

Copies _____ Postage _____ Disk _____ Fax _____

Total Cost _____

Date request fulfilled _____ Initials of staff member _____

Date information: Picked up _____ Faxed _____ Mailed _____