



BOROUGH OF HATBORO POLICE DEPARTMENT
PUBLIC RECORD REVIEW/DUPLICATION REQUEST

PLEASE PRINT LEGIBLY

Date of Request: _____

Submitted by: E-Mail U.S. Mail Fax In-Person

Requester's Name _____

Requester's Address _____

Requester's Telephone _____ E-Mail Address _____

Important: You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Please include the incident number whenever possible. Use other side if necessary.

What type of request do you want? Inspection only Copies Certified Copies

Signature of Requester

[For department Use Only]

Request No.: _____

Received by: _____

Five Business Days: _____

Approved Date: _____

Denied Notice Mailed: _____

Basis for denial: _____

Extension Requested Notice Mailed: _____

Date/Time Stamp

New suspense Date: _____

(Not to exceed 30 days)

Reason for request for extension:

Signature: _____