

BOROUGH OF WELLSBORO

14 CRAFTON STREET
WELLSBORO, PA 16901

570.724.3186 FAX 570.724.2323

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please Print Legibly

Date of Request _____

Requesters Name: _____

Requesters Address: _____

Requesters Telephone: _____

I request review duplication 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

For Office Use Only:

Materials Given

Signature

Date

Given in which format: _____

“ Proud Home of Wynken, Blynken, and Nod”

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