

**BRADFORD COUNTY
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please print legibly

Date of Request: ____/____/____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____ - _____ - _____ E-Mail: _____

Note: You will be notified initially within five (5) business days by telephone of the availability of the documents requested, unless you designate an alternative method for contact. You will be provided written notice of a denial of your request or extension of time to respond to a request within five (5) business days at the address listed.

I request review duplication (check applicable boxes) of the following records.
Important: You must identify or describe the records with sufficient specificity to enable the County to determine which records are being requested. (i.e. exact property address, name) Use additional sheets if necessary. Specify whether you are requesting certified copies of any records.

I certify that I am a legal resident of the United States.

Signature of Requester _____

This request may be submitted in person, by mail, by e-mail or by facsimile to:
Bradford County
Office of Open Records
Bradford County Courthouse
301 Main Street
Towanda, PA 18848
Fax [Insert fax number] E-mail:[Insert email address]

TO BE COMPLETED BY COUNTY:

Date Received: ____/____/____

Person Processing Request _____
Date Response Due (5 Business Days) ____/____/____

Action Taken:

Approved

Date of approval: ____/____/____
Date Requestor notified: ____/____/____
By: _____
Method of notification: _____

Denied

Date requester notified: ____/____/____
By: _____
How: Mail In Person

See attached form for reason of denial.

Denied in Part

Date requester notified: ____/____/____

By: _____

How: Mail In Person

See attached form for reason of redaction/partial denial.

Extension Required

Estimated response date: ____/____/____

Date requester notified: ____/____/____

By: _____

How: Mail In Person

See attached form for reason for extension