Girard Township Records Request Form

Name: _____ Today's Date: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____-____ Phone (Including Area Code): (__)_____
Fax: _(___)_____ Email: _____
Description of Records Requested: (If more space is required, use back of page.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

How would you like to retrieve this information? (Please circle only one.)

Pick-Up **Fax** **U.S. Mail** **E-mail** **3½"** **Floppy***
CD Rom*

Signature of Requestor if not picking up information in person: *X*_____

***Media provided by the requestor will not be permitted due to the possibility of system contaminates (viruses).**

_____Do not write below this line unless requested._____
For Office Use Only:

# of Copies - _____ x .25 each = $_____ Telephone Fees for Fax: _____pages @ $_____

Postage: $_____ 3½" Floppy(s): _____disks @ $_____

Total Due Upon Receipt: $_____

Date requested information was made available: _____

Name of Retrieving Staff Member: _____ Title: _____

Date and method records were released to requestor: _____ Picked Up _____ Faxed

_____ Postmarked by U.S. Mail _____ Sent with confirmation via Email

I, _____ do hereby affirm that Girard Township **has/has not** fulfilled my request
(Please print legibly.)
(Circle one)
for the aforementioned records, this _____ day of _____, 20 _____.

Signature: _____