

**BOROUGH OF MCSHERRYSTOWN
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please print legibly:

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request review____ duplication____ (check as appropriate) of the following records.
Important: You must identify or describe the records of 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

This request may be submitted in person, by mail, by facsimile or e-mail to:

Luanne Boring, Borough Secretary
Borough of McSherrystown
338 Main Street
McSherrystown, PA 17344
(717) 637-1838 Phone
(717) 637-3313 Fax
mcstown@comcast.net

**BOROUGH OF MCSHERRYSTOWN
DENIAL OF REQUEST TO REVIEW AND/OR DUPLICATE**

Date of Denial: _____

Requester's Name: _____

Requester's Address: _____

Re: Denial of Request and/or Duplicate _____

Date of Request: _____

Dear _____:

Please be advised that your request to review/duplicate the following records:

Has been denied for the following reason(s):

This denial is based upon the following legal authority:

You have the right to appeal this decision. If you appeal, you must:

1. Within fifteen (15) days of the notice of denial or deemed denial, file an appeal with the Commonwealth of Pennsylvania, Department of Community & Economic Development, Office of Open Records. The appeal shall state the grounds upon which the requester asserts that the record is public record and shall address any grounds stated by the Borough for delaying or denying the request.

Borough of McSherrystown
Open Records Officer