

**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:

Anna Lescalleet, Administration  
Borough of McSherrystown  
338 Main Street  
McSherrystown, PA 17344  
(717) 637-1775 Phone  
(717) 637-5388 Fax  
alescalleet@mcsherrystownpd.org

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