

**RECORDS REQUEST
NORTH NEWTON TOWNSHIP
528 Oakville Road
Shippensburg, PA 17257
Ph. 717.776.7665
Fax: 717.776.1364**

Date of Request: _____

Name of Requestor: _____ Phone No. _____

Address: _____

Description of Records: (Be as specific as possible.)

Instructions: PICK-UP FAX MAIL DISK EMAIL

SIGNATURE (When request is fulfilled): _____

For NNT Office Use Only:

Copies: _____ Postage: _____ Disk: _____ Fax: _____

Total Cost: _____

Date Request Fulfilled: _____ Initials of Staff member: _____

Date Information: Picked up: _____ Faxed: _____ Mailed: _____