

**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:* _____