



BOROUGH OF OAKMONT

767 FIFTH STREET
OAKMONT, PA 15139-1524
(412) 828-3232
(412) 826-1578- POLICE
FAX (412) 828-3479
www.oakmontborough.com

MEMBERS OF COUNCIL
NANCY L. RIDE, PRESIDENT
ELENA M. COLIANNI, VICE PRESIDENT
THOMAS J. BRINEY
SOPHIA FACAROS
TIM FAVO
PATRICIA FRIDAY
THOMAS J. WHALEN

**BOROUGH MANAGER AND
EX-OFFICIO BOROUGH SECRETARY**
LISA COOPER JENSEN

ASSISTANT BOROUGH SECRETARY
RYAN R. JEROSKI

SOLICITOR
MEGAN M. OTT.

MAYOR
ROBERT J. FESCEMYER

CHIEF OF POLICE
DAVID R. DISANTI, SR.

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please print legibly:

Date of Request: _____

Requester's Name: _____

Requester's Telephone Number: _____ Home Work Cell

Requester's Address: _____

I request the following record/s (check applicable box/es).

- Review
- Duplication

IMPORTANT:

You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use the back of this form, if necessary.

I certify that I am a resident or a business in the Commonwealth of Pennsylvania. (If you are not a PA resident or business, add name of person/business and phone number of whom you are representing).

Signature of Requester

Mailing Address (if different than above)

Representing (if applicable)

Phone Number (if applicable):

Requests may be submitted for approval in person, by mail, by fax 412.828.3479 or email to:
Ljensen@OakmontBorough.com

Lisa Cooper Jensen, Borough Manager

Approved Date

Denied

Reason for Denial: _____

TO BE COMPLETED BY BOROUGH OFFICE:

Date received: _____ Date completed: _____

Date public record was reviewed or received by Applicant: _____

Duplication Costs:

<input type="checkbox"/> Copies: No. made _____ @ \$.25 per one side of page	Duplication Total: \$ _____
---	-----------------------------

Total Amount Paid: \$ _____

Date Paid: _____