



**CITY OF TITUSVILLE
PUBLIC RECORD REVIEW / DUPLICATION REQUEST**

Please print legibly.

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request: Review of the following records

Duplication of the following records

Important: You must identify or describe the records with sufficient specificity to enable City Manager to determine which records are being requested. Use additional sheets if necessary.

I certify that I am a resident of the Commonwealth of Pennsylvania.

Signature of Requester

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

City Manager
City of Titusville
Titusville City Hall
107 North Franklin St.
Titusville, PA 16354
Fax: (814) 827-9458
admins@cityoftitusvillepa.gov

Date Received:

For Office Use Only	
Request Number	
Action taken	
Approved Date	
Denied Date / notice mailed	
Additional Review Date / notice mailed	