

**MUNICIPAL AUTHORITY OF THE TOWNSHIP OF UPPER SOUTHAMPTON  
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**Please print legibly.**

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Telephone: \_\_\_\_\_

I request review/duplication (circle as appropriate) of the following records.

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

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I certify that I am a resident of the United States of America.

\_\_\_\_\_  
Signature of Requestor

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

Municipal Authority of the Township of Upper Southampton  
945 Street Road  
Southampton, PA 18966