

**UPPER SOUTHAMPTON SEWER AUTHORITY
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.

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:

Upper Southampton Sewer Authority
945 Street Road
Southampton, PA 18966