

CLINTON COUNTY SOLID WASTE AUTHORITY
PO BOX 209
MCELHATTAN, PA 17748-0209
570-769-6977
FAX 570-769-7366

PUBLIC RECORD(S) REQUEST FORM

DATE: _____

REQUEST SUBMITTED BY: ___ US MAIL ___ FAX ___ IN-PERSON ___ E-MAIL

NAME OF REQUESTOR (print): _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE (optional): _____

RECORDS REQUESTED: _____

(Provide as much specific detail as possible so the Authority may identify the appropriate information.)

DO YOU WANT COPIES? _____ YES _____ NO

DO YOU WANT TO INSPECT THE RECORDS? _____ YES _____ NO

DO YOU WANT CERTIFIED COPIES OF THE RECORDS? _____ YES _____ NO

SIGNATURE OF REQUESTOR (if applicable)

(FOR OFFICE USE ONLY)

DATE RECEIVED BY AUTHORITY: _____

SIGNATURE (Authorized Officer): _____