



West Hanover Township – Record Request Form

DATE _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

DESCRIPTION OF RECORDS (For more space, continue on back or separate sheet) _____

INSTRUCTIONS (Please Circle): PICK-UP - FAX - MAIL - DISKETTE - E-MAIL

SIGNATURE (When request is fulfilled) _____

For TOWNSHIP Use Only:

Copies ____ Postage ____ Disk ____ Fax ____

TOTAL COST _____

DATE REQUEST FULFILLED _____

INITIALS OF STAFF CONTACT _____

DATE INFORMATION: PICK-UP _____ FAX _____ MAIL _____ DISK _____ E-MAIL _____