

PENN TOWNSHIP  
DOCUMENT REVIEW-DUPLICATION REQUEST

Date of Request \_\_\_\_\_ Request No. \_\_\_\_\_

Please indicate need: REQUEST TO REVIEW \_\_\_\_\_ REQUEST TO DUPLICATE \_\_\_\_\_

Please list the SPECIFIC document(s) and MUST have street address listed for each:  
\_\_\_\_\_  
\_\_\_\_\_

(Please allow 7-10 business days for processing all orders notified by phone for pick up in person) Requested by: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Signature Date  
----- To be completed by recipient of documents -----

Received by: \_\_\_\_\_  
Signature Date of receipt

Print name here \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

Assigned this \_\_\_\_\_ day of \_\_\_\_\_ 2000.

\_\_\_\_\_  
Township Manager Name of Designated Employee  
-----

Documents:  
Number of pages copies \_\_\_\_\_ (X) \$.25 \$ \_\_\_\_\_

Plans:  
Number of pages: \_\_\_\_\_ (X) \$ \_\_\_\_\_ Per page (X) \$3.00 24" \$ \_\_\_\_\_  
Additional cost for larger sizes

Other Documents:  
Specify type and amount collected: \_\_\_\_\_ \$ \_\_\_\_\_  
(Description)

Deposit received: \$ \_\_\_\_\_ \$ -  
(Requested for Amounts over \$25)

Total due less deposit (if applicable) \$ \_\_\_\_\_

PREP TIME USED: \_\_\_\_\_