

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 _____ 200__.

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: _____