

ARMSTRONG TOWNSHIP

RECORD REQUEST FORM

DATE:

NAME:

ADDRESS:

PHONE NUMBER:

DESCRIPTION OF RECORDS (For more space, continue on back.):

INSTRUCTIONS: _____ **PICK-UP** _____ **MAIL**

SIGNATURE OF REQUESTER: _____

DATE RECEIVED: _____

SIGNATURE OF RECEIVER: _____

OFFICE USE ONLY: **COMPLETED BY** _____ **DATE** _____

NUMBER COPIES: _____ **COST:** _____