



BOROUGH OF OAKMONT

767 FIFTH STREET
OAKMONT, PA 15139-0206

(412) 828-3232

(412) 826-1578- POLICE

FAX (412) 828-3479

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INTERIM BOROUGH MANAGER
DANIEL J. MATOR, JR.

CHIEF OF POLICE
DAVID R. DiSANTI, SR.

MAYOR
ROBERT J. FESCEMYER

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ALLAN R. KENNEDY
NANCY L. RIDE
DRU J. TALIAFERRO
CHERYL P. ZENTGRAF

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please print legibly:

Date of Request: _____

Requester's Name: _____

Requester's Telephone Number: _____

Home Work Cell

Requester's Address: _____

I request review duplication (check applicable boxes) of the following records.

IMPORTANT: You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use the back of this form, if necessary.

I certify that I am a resident or a business in the Commonwealth of Pennsylvania. (If you are **not** a PA resident or business, add name of person/business and phone number of whom you are representing.)

Signature of Requester

Mailing Address (if different than above)

Representing (if applicable)

Phone Number (if applicable):

Requests may be submitted for approval in person, by mail, by fax (#412.828.3479) or email (dmator@borough.oakmont.pa.us) to: Daniel J. Mator, Interim Borough Manager.

Daniel Mator, Interim Borough Manager

_____ Date
Approved

Denied

Reason for Denial: _____

(Over)

TO BE COMPLETED BY BOROUGH:

Date received: _____ Date completed: _____

Date public record was reviewed or received by Applicant: _____

Staff Time Used and/or Duplication Costs:

<input type="checkbox"/> Staff Time Used: _____ Hours @ \$_____/Hr.	Staff Time Total: \$_____
<input type="checkbox"/> Copies: No. made _____ @ \$.25 per one side of page	Duplication Total: \$ _____

Total Amount Paid: \$ _____

Date Paid: _____