

**CITY OF TITUSVILLE**  
**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please print legibly.

Date of Request: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

\_\_\_\_\_

Requester's Telephone: \_\_\_\_\_

I request \_\_\_review \_\_\_duplication (check applicable box) of the following records.  
**Important:** you must identify or describe the records with sufficient specificity to enable City Manager to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I am a resident of the Commonwealth of Pennsylvania.

\_\_\_\_\_  
Signature of Requester

This request may be submitted in person, by mail or by facsimile to:

City Manager  
City of Titusville  
Titusville City Hall  
107 North Franklin St.  
Titusville, PA 16354  
FAX: 814/827-9458

**CITY OF TITUSVILLE**  
**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**To be completed by City Manager:**

Request No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Action taken:

Approved                      Date of Approval: \_\_\_\_\_

Denied                         Date notice mailed: \_\_\_\_\_

Additional Review            Date notice mailed: \_\_\_\_\_