

# BUTLER AREA SEWER AUTHORITY

## PUBLIC RECORD REVIEW/DUPLICATION REQUEST

**PLEASE PRINT LEGIBLY**

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

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

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

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

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 Butler Area Sewer Authority to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am a legal resident of the United States.

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

(This request may be submitted in person, by mail, by facsimile, or by e-mail to: Open-Records Officer, Butler Area Sewer Authority, 100 Litman Road, Butler, PA 16001 - Fax (724) 282-7656; [openrecordsofficer@basapa.org](mailto:openrecordsofficer@basapa.org))

### TO BE COMPLETED BY THE BUTLER AREA SEWER AUTHORITY:

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

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

#### ACTION TAKEN:

Approved

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

Denied

Date Notice Mailed: \_\_\_\_\_

Other Response

Date Notice Mailed: \_\_\_\_\_

\_\_\_\_\_  
Signature – Open-Records Officer