

# ALLEGHENY COUNTY SANITARY AUTHORITY

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[www.alcosan.org](http://www.alcosan.org)

## PUBLIC RECORD REQUEST FORM

DATE: \_\_\_\_\_

REQUEST SUBMITTED BY:      US MAIL                      FAX                      IN-PERSON

REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RECORDS REQUESTED *(Provide as much detail as possible. Use additional sheets if necessary):*

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

Method(s) of Delivery:      Pickup / Inspection / Mail / Email / Fax / Disk

Do you want certified copies of records?    Yes / No *(Additional charge applies)*

Signature of Requestor: \_\_\_\_\_

**NOTE:** By executing this form, the Requester certifies that he/she has received, read and understands the Authority Public Record Policy and the applicable appeal rights referenced therein.

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***Open Records Officer Use Only***

Date Received: \_\_\_\_\_      Five (5) Day Response Due: \_\_\_\_\_

Date Completed: \_\_\_\_\_      Date Sent: \_\_\_\_\_      Date Picked Up: \_\_\_\_\_  
*(Note any additional time notice):*

No. of Pages Reproduced: \_\_\_\_\_ / Cost: \_\_\_\_\_      Specialized Reproduction Cost: \_\_\_\_\_

Certification: \_\_\_\_\_      Disk: \_\_\_\_\_      Postage: \_\_\_\_\_      Total Cost: \_\_\_\_\_