



**REQUEST FOR EXAMINATION OF
OR COPIES OF BOROUGH DOCUMENTS**

DATE: _____

NAME & ADDRESS: _____ PHONE: _____

PLEASE CHECK ONE OF THE FOLLOWING:

_____ REVIEW MATERIAL IN-HOUSE _____ COPIES REQUESTED

ITEM(S) REQUESTED:

YOUR SIGNATURE: _____

CHARGES:

\$.25 PER PAGE _____ PAGES \$ _____

\$100.00 COMPLETE ZONING INFORMATION \$ _____

ADMINISTRATIVE FEE \$ _____

TOTAL DUE \$ _____

***PLEASE BE AWARE THAT REQUESTS MAY TAKE UP TO (3) THREE BUSINESS
DAYS TO BE COMPLETED AND AN ADMINISTRATIVE FEE MAY BE CHARGED.***

FOR ADMINISTRATIVE USE ONLY:	
NOTIFICATION OF PICK-UP BY: _____	DATE: _____
TOTAL FEES COLLECTED: \$ _____	