TOWNSHIP OF HEMPFIELD
RECORD REQUEST FORM

DATE: _____

NAME: _____

ADDRESS: _____

_____

PHONE NUMBER: _____

DESCRIPTION OF RECORDS:
(For more space, continue on back)

_____

_____

_____

_____

_____

_____

INSTRUCTIONS: **PICK-UP / FAX / MAIL / DISK / EMAIL** (circle one)

SIGNATURE OF REQUESTEE: _____

APPROVED FOR PROCESSING: _____ _____
Township Secretary/Treasurer Date Approved

For Office Use Only:
Copies _____ Postage _____ Disk _____ Fax _____

TOTAL COST: _____

DATE REQUEST FULFILLED: _____

INITIALS OF STAFF MEMBER: _____

DATE INFORMATION: Picked-up _____ Faxed _____ Mailed _____
(Please attach copy of invoice to this request.)