



SUMMIT TOWNSHIP

502 Bonniebrook Road
Butler, PA 16002

Open Records Officer: Roxann L. Stickney

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Email: summittwp@zoominternet.net

RECORDS REQUEST FORM

Date: _____

Name _____

Telephone Number: _____

Description of Specific Record/Records Requested:

Delivery Method:

_____ Pick-up: Monday – Friday 9:00 A.M. – 4:00 P.M.

_____ Mail

Name: _____

Address: _____

Signature of Requestor: _____

Date Completed: _____

Open Records Officer Signature: _____