

TOWNSHIP OF BERWYN

Elizabeth A. Pechous
Supervisor
Margaret Paul
Town Clerk
David J. Avila
Assessor



Board of Trustees
Edward Espinoza
Barbara R. Bossany
Cynthia M. Hayes
Joseph A. Johnston

"A Tradition of Service"

FOIA #19-_____

| | | |
|--------------------------------------|---|--------------|
| 1 REQUESTOR | FULL NAME | ORGANIZATION |
| | MAILING ADDRESS | CITY/ZIP |
| | AREA CODE & PHONE | FAX |
| | EMAIL | |
| 2 INFORMATION REQUESTED | <i>Be specific: Provide names, addresses, dates and any other information which will aid in responding to your request.</i> | |
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| | | |
| | Is this request for commercial purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO Failure to disclose a request is for commercial purposes is against the law and violators may be prosecuted. | |
| 3 DELIVERY | <input type="checkbox"/> I will inspect the documents in the Clerk's Office. <input type="checkbox"/> Deliver documents to me via: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Call me for pick-up <input type="checkbox"/> I request certification of these documents. \$1.00 fee. | |
| | NOTE: The first 50 black & white, letter or legal size copies are free; additional pages are \$.15 each. Other sizes or color pages are charged at cost. | |

TOWNSHIP

ASSESSOR

708 MENTAL HEALTH BOARD

Rec'd by/Date

DUE DATE:

REMARKS

REVIEWED BY

DATE

Approved Denied