

**WYALUSING BOROUGH**  
**DOCUMENT REQUEST FORM**

To: Wyalusing Borough  
PO Box 131  
Wyalusing, Pa 18853

Date: \_\_\_\_\_

Borough Approval: \_\_\_\_\_

From: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_(\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Description of Records/Documents Requested (and format requested):

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*For Office Use Only:*

Fees:

Copies:	First six (6) pages free, single sided Additional pages- \$0.25 per page per side.	\$ _____
Electronic Files:	No charge to email existing electronic documents under 4MB. Floppy disk or CD-\$1.00.	\$ _____
Fax Copies:	Per page, including cover sheet- \$0.50 (Number of Pages _____)	\$ _____
Plan Sheet Copies:	\$0.60 per square foot (Number of Square Feet _____)	\$ _____
True and Correct Certificate:	\$2.00	\$ _____
	<b>Total:</b>	\$ _____

*Written requests will be handled within five (5) business days.  
Pre-payment required if estimated bill is above \$100.00.*