

BOROUGH OF CONSHOHOCKEN

One First Avenue Suite 200
Conshohocken, PA 19428

Telephone: (610) 828-1092
Fax: (610) 828-0920

Date: _____

Name of Person Making Request: _____

Address: _____

Telephone: (____) _____

Documents Requested: (Please check off appropriate item and give specific details such as dates, times, number of Ordinance, if known)

- 1. Resolutions _____
- 2. Ordinance(s) _____
- 3. Minutes of Meeting(s) _____
- 4. Fiscal Records _____
- 5. Zoning and Planning _____
- 6. Other _____

I Hereby Agree to Pay the Rate Established by Council for Reproducing the Above Requested Material(s) (\$.15 per page) as Per Ordinance #6 of 1995.

SIGNATURE

I Hereby Acknowledge Receipt of Requested Material(s).

SIGNATURE

DATE