

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):

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	\$ _____
	Total:	\$ _____

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