



**TOWNSHIP OF ABINGTON**

**PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**To be completed by:** \_\_\_\_\_  
**(Name of Township Employee(s) designated by Manager)**

**Request No.:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Action Taken:**

**Approved**                      **Date of Approval** \_\_\_\_\_

**Denied**                        **Date Notice Mailed:** \_\_\_\_\_

**Additional Review**        **Date Notice Mailed:** \_\_\_\_\_