

**TOWN OF BLOOMSBURG  
POLICE DEPARTMENT  
Columbia County, Pennsylvania  
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

**Please Print Legibly**

Date of Request: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

Requester's Telephone: \_\_\_\_\_

I request,  review and/or  duplication (check applicable boxes) of the following records.

**Important:** You must identify or describe the records with sufficient specificity to enable the Town to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

**This request may be submitted in person, by mail or by facsimile to:**

**Leo V. Sokoloski  
Bloomsburg Police Department  
Town Hall  
301 E. Second Street  
Bloomsburg, PA 17815**

**Fax Number: (570) 784-3671**

**OFFICE USE ONLY:**

Date Completed: \_\_\_\_\_ Signature: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_ Date Received: \_\_\_\_\_