

**THE ERIE PARKING AUTHORITY  
RECORD REQUEST FORM**

To: Executive Director  
The Erie Parking Authority  
25 East 10<sup>th</sup> Street, Floor 2  
Erie, PA 16501-1407

DATE \_\_\_\_\_

YOUR NAME \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

SPECIFIC DESCRIPTION OF RECORDS YOU WOULD LIKE TO EXAMINE, INSPECT AND/OR  
HAVE COPIED (For more space, continue on back)

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

- I will pick up the public records on this date \_\_\_\_\_
- Please mail the public records to me at \_\_\_\_\_
- Please fax the public records to me at \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

.....  
For Office Use Only:

DATE REQUEST RECEIVED \_\_\_\_\_

FEES:        Copies \$ \_\_\_\_\_        Postage \$ \_\_\_\_\_        Fax \$ \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_

DATE REQUEST FULFILLED \_\_\_\_\_

DATE INFORMATION:    Picked up \_\_\_\_\_        Faxed \_\_\_\_\_        Mailed \_\_\_\_\_

\_\_\_\_\_  
The Erie Parking Authority, Executive Director