



ERIE REGIONAL AIRPORT AUTHORITY

PUBLIC RECORDS REQUEST FORM

Requester Name: _____

Requester Mailing Address: _____

City _____ State _____ Zip _____

Phone: (____) _____ • _____ Email: _____

Please identify or describe the record (s) sought: _____

(PLEASE IDENTIFY THE DOCUMENT (S) SUBJECT TO THIS REQUEST WITH SUFFICIENT SPECIFICITY)

Please note the format you would like the record (s) to be in, such as in paper or electronic format. If you desire access in an electronic format please list which format.

RECORDS WILL BE PROVIDED IN THE FORMAT REQUESTED IF IT EXISTS IN THAT FORMAT; OTHERWISE IT WILL BE PROVIDED IN THE FORMAT IN WHICH IT EXISTS.

I am requesting that: **(one)**

- The identified record (s) are mailed to me at the address provided. I understand certain duplication and postage fees apply.
- The record (s) are made available for inspection at the offices of the ERAA during regular business hours.
- The records are forwarded to me electronically.
- Certified copies of the record (s) be made available to me. I understand that fees for providing certification of records apply.

Date request submitted: _____ / _____ / _____

Signature of Requester: _____

For Open-Records Officer and Acting Open Records Officer Use Only

Date of Receipt: _____ / _____ / _____ 5 Day Response Date: _____ / _____ / _____