

PINE GROVE JOINT TREATMENT AUTHORITY

115 Mifflin Street, Pine Grove, PA 17963 – pgjta@comcast.net – www.pinegrovejta.com

~~~~~ RECORD REQUEST FORM ~~~~~

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Description of Specific Records Requested:

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Method(s) of delivery:      (circle one)      Pickup      Mail      E-mail      Fax  
(If available)

Signature of requestor: \_\_\_\_\_

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~~ For Office Use Only ~~

No. of pages reproduced \_\_\_\_\_ x \$.25 = \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

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

Staff Member completing request: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Date Picked Up/Mailed: \_\_\_\_\_