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:

_____

_____

_____

_____

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

Signature of requestor: _____

~~ 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: _____

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