



BOROUGH OF CLEARFIELD

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CLEARFIELD BOROUGH REQUEST FORM

Date Request Made: _____

Individual Making Request

Name: _____

Address: _____

City, State: _____ Zip: _____

Telephone Number: _____

REQUEST INFORMATION

Received By: _____

Date: _____

Referred To: _____

Date: _____

ACTION TAKEN

COMMENTS

Returned To: _____

Date: _____

FINAL DISPOSITION

Approved: Yes _____ No _____

By: _____ Date: _____

Individual Notified of Disposition

By: _____ Date: _____

Print Name: _____