



City of Lancaster

Office Of Open Records ◊ 120 North Duke Street ◊ PO Box 1599 ◊ Lancaster PA 17602
Fax 717-291-4722 ◊ Email: Cityopenrecords@cityoflancasterpa.com

PUBLIC INFORMATION REQUEST

Date: _____

Name: _____

Street Address: _____

City/State/County (Required): _____

Telephone (Optional): _____

Document, report or other document that you are requesting. (**Provide as much specific detail as possible so the City can identify the information.*)

Does your request involve records relating to criminal investigations: YES NO

Please check one of the following boxes:

- I am requesting a Copy of the documents identified above. *
- I am requesting access to the documents identified above.
- I am requesting access to the documents identified above **and** a copy of those documents. *

Other comments or instructions: _____

I understand that all requests are subject to review by the City Public Records Officer and/or Solicitor to assess applicability of the RIGHT TO KNOW LAW. I further understand that if photocopies of records are available, I may be subject to a fee of \$.25 per page or other costs authorized by the RIGHT TO KNOW LAW.

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FOR STAFF USE ONLY

Request Submitted By: E-MAIL US MAIL FAX IN-PERSON

Date & Time Request Received: _____

Open Records Officer: _____

City Five (5)-Day Response Due: _____

Notes: _____

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