



COUNTY OF LANCASTER OPEN RECORDS REQUEST FORM

Date Requested: _____

Request Submitted By: E-MAIL U.S. MAIL FAX IN-PERSON

Name Of Requestor: _____

Mailing Address: _____
Street/P.O. Box

<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Telephone Number: _____ **Fax Number:** _____

E-Mail Address: _____

Records Requested: Please identify each of the documents that are subject to this request. You must identify these documents with sufficient specificity to enable the County to ascertain which records are being requested.

Please check one of the following boxes:

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

If you are requesting a copy of the documents identified above, please check one of the following boxes:

- I want a paper copy of the documents.
- Other format (please specify):

Right To Know Official: _____

Date Received By The Agency: _____