Date Received: _____

LANCASTER COUNTY COURT OF COMMON PLEAS
RIGHT TO KNOW/RULE 509 REQUEST FORM

Date Requested: _____

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

Name Of Requestor: _____

Mailing Address: _____
Street/P.O. Box

_____
City *State* *Zip Code*

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: _____ **10 Bus Day Date:** _____

Pa RJA No. 509? **DCA Initials:**

Court Dept and Date: _____ **Y or N** _____