LANCASTER COUNTY
Redevelopment Authority

OPEN RECORDS REQUEST FORM:

Date Requested: _____

Request Submitted By: ☐ E-Mail ☐ US Mail ☐ Fax ☐ In-Person

Name of Requestor: _____

Mailing Address: Street/PO Box _____

City/State/Zip _____

Telephone Number: _____ **Fax Number**: _____

Email Address: _____

Records Requested: Please identify each of the documents that are subject to this request. You must identify these documents with sufficient detail to enable the Authority to determine which records are being requested. Use additional sheets if necessary:

Please check one of the following boxes:

☐ I am only requesting to view the documents identified above.

☐ I am only requesting a copy of the documents identified above.

☐ I am requesting to view 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.

☐ I want an electronic copy of the documents emailed to me.

☐ Other (specify) _____

For Agency Use Only

Open Records Officer: _____

Date Received by Agency: _____ Five (5) Business Day Response Due: _____