

Lancaster County Tax Collection Bureau Right-To-Know Request Form

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. A PROPERLY COMPLETED FORM SUBMITTED TO THE BUREAU WILL BE CONSIDERED A WRITTEN REQUEST FOR PURPOSES OF THE RIGHT-TO-KNOW LAW, 65 P.S. § 67.101 et seq

Section 1 – Requester Information – To be completed and signed by the Requester at the time submitted to the Bureau's Open Records Officer.

Print Name: Last	First	Middle Initial
Address (Street Name and Number)		
City	State	Zip Code
Telephone Number (Optional)	E-Mail Address (Optional)	
Date (Month/Day/Year)	Requester's Signature	

The Right-to-Know Law provides the Requester Must Be a Legal Resident of the United States.

Section 2 – Description of Records(s) Requested – To be Completed by the Requester -
Attach additional pages if necessary.

Section 3 – Inspection, Copying or Certified Copy of Public Records

To Be Completed by the Requester - Please check each box applicable to your request.

- | | |
|--|---|
| <input type="checkbox"/> Inspection of Documents

<input type="checkbox"/> Copy Documents
(___ ¢ charge per page)

<input type="checkbox"/> Certified Copies of Documents
(\$ ___ flat fee plus ___ ¢ per page) | <p>Written Request Submitted</p> <input type="checkbox"/> In Person
<input type="checkbox"/> By Mail
<input type="checkbox"/> By Facsimile at _____
<input type="checkbox"/> By E-mail at: _____
_____ |
|--|---|

Section 4 – OFFICE USE ONLY. To be completed by the Bureau's Open Records Officer for each written request. [If request not made on district form, attach request.]

WRITTEN REQUEST TRANSMITTED: In person Fax E-mail Other _____

WRITTEN REQUEST RECEIVED: _____
Date (Month/Day/Year) Time (AM/PM) Initials

BUREAU RESPONSE: Request Granted Denied Exception Applied
 Completed: _____
Date (Month/Day/Year) Time (AM/PM) Initials

COPIES REQUESTED: Yes No Total Fee: _____ Collected: Yes No

Date (Month/Day/Year) Time (AM/PM) Initials

ATTACH TO THIS FORM A COPY(S) OF ANY WRITTEN RESPONSE SENT BY BUREAU TO THE REQUESTER. THIS FORM AND ANY ATTACHMENTS MUST BE FILED WITH THE _____.