



# YORK COUNTY BOARD OF ELECTIONS REQUEST FOR PUBLIC RECORDS AND DOCUMENTS

Requestor: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Documents requested (use additional attached page if necessary): \_\_\_\_\_

Pursuant to 25 Pa.C.S.§1207(a), following documents under this part are open to public inspection except as otherwise provided:

- (1) Records of a registration commission and district registers.
- (2) Street lists.
- (3) Official voter registration applications.
- (4) Petitions and appeals.
- (5) Witness lists.
- (6) Accounts and contracts.
- (7) Reports.

The Election Code provides that open material, as stated herein, may be inspected by a qualified elector of the County during normal business hours subject to the efficient operation of a commission. Public inspection shall only be in the presence of a commissioner or authorized commission employee and shall be subject to proper regulation for safekeeping of the material and subject to this part. Upon request, a photocopy of the record or computer-generated data record shall be provided at cost. The material may not be used for commercial or improper purposes. 25 Pa.C.S.§1207 and §2648.

### AFFIRMATION

I affirm that I am a qualified elector of York County. Any information obtained from the records requested from the York County Election and Voter Registration Office will not be used for commercial or improper use as required by 25 Pa.C.S. §1207(b), and will not be used for purposes unrelated to elections, political activities or law enforcement as required by the Election Code. I further affirm that I will not publish street lists or public information lists on the Internet, as such publication is prohibited by 4 Pa. Code §§ 183.13(g).

I verify that this statement is true and correct. I understand that false statements made are subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Requestor's Address

Requestor's Telephone Number: \_\_\_\_\_ (required)

Requesting Information on behalf of: \_\_\_\_\_

Identification provided by Requestor:

- |                                                                           |                                 |
|---------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> PA Driver's License or PA Photo ID Card          | Driver's License or ID #: _____ |
| <input type="checkbox"/> Employee Photo Card                              | ID#: _____                      |
| <input type="checkbox"/> Other Photo ID - Type of Card: _____             | ID#: _____                      |
| <input type="checkbox"/> Other form of Identification - Type of ID: _____ | ID#: _____                      |

County Employee Name: \_\_\_\_\_

**(This form will not be available for public inspection or copying.)**