DISTRICT ATTORNEY OPEN RECORDS REQUEST FORM

****Please print legibly****

Name of Requester: _____

Requester Address: _____

_____

Telephone (Optional): _____ Email Address (Optional): _____

RECORDS REQUESTED:

* Provide as much specific detail as possible to enable the County of York Open Records Official to identify the information requested. Use additional sheets if necessary. Failure to provide reasonable specificity may form the basis of a denial.

Please select one of the following:

- ☐ I request a paper copy of the record(s).
- ☐ I request an electronic copy of the record(s) (e.g. compact disk).

If you are requesting a copy of the record(s) identified above, please select one of the following:

- ☐ I am requesting access to view the record(s) identified above…..
- ☐ I am requesting a copy of the record(s) identified above.
- ☐ I am requesting access to view the record(s) identified above and a copy of the record(s).

** Note – The County of York may assess all applicable fees associated with duplication of the record(s).

Written Request should be made by one of the following:

Mailed/Hand-delivery to: County of York Open Records Official
York County Administrative Center
28 East Market Street
Room 216
York, Pa. 17401

E-Mail: CountyOpenRecordsOfficial@yorkcountypa.gov

** Note: County of York reserves the right to post or release any and all open records requests and responses thereto.

REQUESTER SIGNATURE: _____ DATE: _____

To be completed by County of York Open Records Official

Date Request Received: _____ Response Due By: _____

Action Taken: ☐ Approved ☐ Denied

Date of Notification to Requester: _____ Fees: _____

Signature of Open Records Official: _____

Additional Comments: _____

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