



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 District Attorney 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 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).

If you are requesting a copy of the record(s) identified above, 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).

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

REQUESTER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

To be completed by District Attorney 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: \_\_\_\_\_

Written Request should be made by one of the following:

Mail or hand-delivery to: District Attorney Open Records Official, York County Judicial Center, 45 North George Street, 3rd Floor District Attorney's Office, York, PA 17401

E-Mail: DAOpenRecordsOfficial@york-county.org

Fax : (717) 771-9738

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