



Date Received: _____

LANCASTER COUNTY COURT OF COMMON PLEAS
RIGHT TO KNOW/RULE 509 REQUEST FORM

Date Requested: _____

Request Submitted By: E-MAIL U.S. MAIL FAX IN-PERSON

Name Of Requestor: _____

Mailing Address: _____
Street/P.O. Box

City

State

Zip Code

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Financial Records Requested: Please identify each of the financial documents that are subject to this request. You must identify these documents with sufficient specificity to enable the Court to ascertain which records are being requested.

Please check one of the following boxes:

- I am only requesting access to the financial documents identified above.
- I am only requesting a copy of the financial documents identified above.
- I am requesting access to the financial documents identified above and a copy of those financial documents.

If you are requesting a copy of the financial documents identified above, please check one of the following boxes:

- I want a paper copy of the financial documents.
- Other format (please specify): _____

Right To Know Official: _____

10 Bus Day Date: _____

Court Dept and Date: _____

Pa RJA No. 509? DCA Initials: _____

Y or N _____