

CARROLL TOWNSHIP / YORK COUNTY  
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 identify the information requested. Use additional sheets if necessary.

Please select from 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).
- I am requesting certified copies of records.

\* Note — Carroll Township may assess all applicable fees associated with duplication of the record(s).

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

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To be completed by Carroll Township Municipal Office Open Records Officer

Date Request Received: \_\_\_\_\_ Response Due By: \_\_\_\_\_

Action Taken:

Approved

Denied

Date of Notification  
to Requester: \_\_\_\_\_ Fees: \_\_\_\_\_

Signature of Open Records Officer: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Written Request should be made by one of the following:

Mail or hand delivered to: Carroll Township Municipal Office Open Records Officer,  
555 Chestnut Grove Road, Dillsburg, PA 17019

Email: [ct.josephinep@comcast.net](mailto:ct.josephinep@comcast.net)

Fax: (717) 502-8807

Note: Carroll Township reserves the right to post or release any and all open records requests and responses thereto.