CARROLL TOWNSHIP POLICE DEPARTMENT / 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: _____

To be completed by Carroll Township Police Department 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: _____

_____

Written Request should be made by one of the following:
Mail or hand delivered to: Carroll Township Police Department Open Records Officer,
555 Chestnut Grove Road, Dillsburg, PA 17019
Email: CHIEF5301@AOL.COM
Fax: (717) 432-9883
Note: Carroll Township reserves the right to post or release any and all open records requests and responses thereto.