

CITY OF LEBANON AUTHORITY  
2311 Ridgeview Road  
Lebanon, PA 17042  
717-272-2841  
717-675-2121 Fax



Please print legibly:

Date of Request: \_\_\_\_\_ Requester's Telephone Number: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

I request  review  duplication (check applicable boxes) of the following records. **Important:** You must identify or describe the records with sufficient specificity to enable the Authority to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am a legal resident of the United States:

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Mailing Address (if different than above)

Requests may be submitted in person, by mail (2311 Ridgeview Road, Lebanon, PA 17042) or email ([jbeers@lebanonauthority.org](mailto:jbeers@lebanonauthority.org)) to:

Jonathan R. Beers, P.E.  
Executive Director  
City of Lebanon Authority Open-Records Officer

**TO BE COMPLETED BY AUTHORITY:**

Date Received: \_\_\_\_\_ Request #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Action Taken:	<input type="checkbox"/> Approved	Date of Approval: _____
	<input type="checkbox"/> Denied	Date Notice Mailed: _____
	<input type="checkbox"/> Other	Date Notice Mailed: _____

Duplication Costs:

Copies: 8 1/2 x 11 # \_\_\_\_\_ @ \$0.25 each: Amount: \_\_\_\_\_  
Plans # \_\_\_\_\_ @ actual cost per page: Amount: \_\_\_\_\_  
Electronic Conversion actual cost per page: Amount: \_\_\_\_\_  
Total Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_