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), fax (717-675-2121) or email (tdeitzler@lebanonauthority.org) to:

Tom Deitzler
Executive Director
City of Lebanon Authority Open-Records Officer

TO BE COMPLETED BY AUTHORITY:

Date Received: _____ Request #: _____ Date Completed: _____

Action Taken:	[ ] Approved	Date of Approval: _____
	[ ] Denied	Date Notice Mailed: _____
	[ ] Other	Date Notice Mailed: _____

Duplication Costs:

Copies:	8 ½ x 11 # _____ @ $0.25 each:	Amount:	_____
	Plans # _____ @ actual cost per page:	Amount:	_____
	Electronic Conversion actual cost per page:	Amount:	_____
		Total Amount:	_____

Signature: _____ Date: _____