

LANCASTER AIRPORT AUTHORITY

500 Airport Road, Suite G
Lititz, PA 17543
(717) 569-1221
(717) 569-1952 (Fax)

REQUEST FOR INSPECTION AND/OR DUPLICATION OF PUBLIC RECORDS

Requests for inspection and/or duplication of public records shall be made to the Open Records Officer. Requests may be made in person at the Authority office at 500 Airport Road, Suite G, Lititz, Pennsylvania, during normal business hours; by mail to 500 Airport Road, Suite G, Lititz, PA, 17543, or by fax to (717)569-1952; or by email to cmartin@lanasterairport.com.

The Authority is not required to and will not compile lists, prepare summaries, or create documents that do not exist. The Authority will provide access to or duplication of existing Authority records which are public records in accordance with the provisions of the Pennsylvania Right-to-Know Law.

Name: _____

Address (Optional): _____

City/State (Required): _____

Daytime Telephone Number (Optional): _____

Fax Number (Optional): _____

I am submitting this request (circle applicable) By Mail Fax In person Email

It is the intent of the Authority to comply in all respects with the Pennsylvania Right-to-Know Law. In order to process a request for inspection and/or duplication of a public record, the Authority requires sufficient and specific information to identify the record. Please provide as much of the following information as possible:

Type of document (e.g., resolution, meeting minutes, etc.): _____

Subject of document (e.g., authorization of contract with vendor): _____

Approximate date or dates of documents: _____

Please state any other information you believe would assist the Authority with identifying the public record you are seeking: _____

I wish to examine this public record at the Authority Office: Yes No

I wish to obtain a copy of this public record: Yes No

Unless otherwise requested, the Authority will provide: 1) a reference to the website address when the requested record is available on a website, or 2) if not available via website access, paper photocopies of public records.

I would like the Authority to mail a copy of this public record to me: Yes No

I wish the public record to be mailed to the following address: _____

The name and contact information for the Lancaster Airport Authority Open Records Officer is Cheryl Martin, Administrative Assistant, 500 Airport Road, Suite G, Lititz, Pennsylvania 17543, (717)569-1221, cmartin@lancasterairport.com.

For Authority Use Only

Date of Receipt: _____

Authority five-day response due: _____

A fee of \$.25 per page may be charged. If the copying fee is estimated to exceed \$100 (400 pages), a deposit of \$100 is required prior to completing the request.

Is a deposit required? Yes No

If yes, amount paid and payment method. _____

Any dispute or appeal must be received at the following address within 15 days of mailing date of response due date:

PA Office of Open Records
ATTN: Terry Mutchler
Commonwealth Keystone Building
400 North Street, Plaza Level
Harrisburg, PA 17120-0225

Phone: (717) 346-9903
Fax: (717) 425-5343
E-Mail: RTK-00R@state.pa.us