

**DAUPHIN COUNTY CONSERVATION DISTRICT
REQUEST FOR INFORMATION**

REQUEST ID _____

1. REQUESTOR INFORMATION				
REQUESTOR				
ADDRESS				
CITY		STATE		ZIP
PHONE		FAX		
EMAIL				

2. INFORMATION REQUESTED				
INFORMATION OR DOCUMENTS REQUESTED – PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE				
PAPER COPIES	SCANNED COPIES	CERTIFIED COPIES	INSPECTION OF RECORDS	
COPIES MAY BE SUBJECT TO ALLOWABLE COPYING CHARGES				
CERTIFIED AND SCANNED COPIES MAY NOT BE AVAILABLE				
LARGE DOCUMENTS SUCH AS PLANS MUST BE SENT OUT FOR DUPLICATION AND ARE SUBJECT TO COPY CHARGES				

CONTACT THE OPEN RECORDS OFFICER IF YOU HAVE ANY QUESTIONS REGARDING A REQUEST

MAIL, EMAIL OR DELIVER COMPLETED FORM TO: **OPEN RECORDS OFFICER**
DAUPHIN COUNTY CONSERVATION DISTRICT
1451 PETERS MOUNTAIN ROAD
DAUPHIN PA 17018
FAX: 717-921-8276
rchristoff@dauphinc.org

DCCD USE ONLY

OPEN RECORDS OFFICER				
DATE RECEIVED		DATE DUE		RESPONSE DATE
REQUEST FULFILLED	REQUEST PARTIALLY FULFILLED	REQUEST DENIED		
TIME EXTENSION REQUESTED	DATE REQUESTED		EXTENSION TO DATE	
COPIES MAILED VIA			DATE	
COPIES EMAILED TO			DATE	
COPIES PICKED UP BY			DATE	
COPY CHARGE			RECEIVED	
RECORDS INSPECTED BY			DATE	
SUPERVISED BY				

COMMENTS