



YORK AREA REGIONAL POLICE DEPARTMENT
RECORDS REQUEST

Name of the Requester: _____

Organization: (Not Required) _____

Address of Requester: _____

Telephone Number _____

Are you a resident of the Commonwealth of Pennsylvania? _____

Date Request Received by the Police department _____

Document(s) requested. Please identify the documents you are requesting with specificity. The Act requires that you be specific in order to prevent undue interference with the operations of the police department.