

LOWER ALLEN TOWNSHIP

2233 Gettysburg Road ~ Camp Hill ~ Pennsylvania ~ 17011 (717) 975-7575 Fax (717) 737-4182 www.latwp.org

Law Enforcement Recording Request Form – Act 22 of 2017

Date of Request:	te of Request: Submitted via: 🔲 U.S. Mail 🔲 In Per					
	(Act 22 requires	requests to	o be submitted via	"personal delivery or certified mail.")		
PERSON MAKING RE	QUEST:					
Name:	Company (if applicable):					
Mailing Address:						
City:	State:	Zip:	Email:			
Telephone:			Fax:			
How do you prefer to	be contacted if the age	ency has q	uestions? 🗆 Tele	ephone 🗆 Email 🗀 U.S. Mail		
RECORDING REQUES				yys of the event recorded. All of the fnecessary.		
Date and Time of the I	Event:					
Location of the Event:						
Describe the Event:						
Describe Your Relation						
If the Event Occurred i	n a Residence, Identify	All Peopl	e Present (unless u	nknown & not reasonably ascertainable):		
If an Act 22 request is g	granted, the agency mo	ay charge	"reasonable fees"	to provide a copy of the recording. han \square \$100 (or) \square \$		
	ITEMS BELOW	THIS LINI	E FOR AGENCY U	SE ONLY		
Tracking:	Date Received: _		Response	Due (30 cal. days):		
Extension? ☐ Yes ☐ No (If Yes, Final Due Date:) Actu) Actual Response Date:		
Request was: □ Gran	ted □ Partially Grant	ted & Deni	ied □ Denied C	ost to Requester:\$		