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Clerk of Courts

Lycoming County Prothonotary
and Clerk of Courts
48 W. Third Street
Williamsport, PA 17701

REQUEST FOR ACCESS FORM

DATE OF REQUEST: _____

REQUESTER INFORMATION

NAME: _____ DAYTIME PHONE NO. _____

ADDRESS (for mailing purposes):

EMAIL ADDRESS (for invoice purposes):

REQUESTING DOCUMENTS FROM:

PROTHONOTARY (family or civil):

CLERK OF COURTS (criminal):

DESCRIBE INFORMATION REQUESTED (see instructions below):

OFFICIAL USE ONLY

DATE RECEIVED: _____ TOTAL COST: _____ PAID ON: _____

COMMENTS:

A requester shall identify or describe the information sought with specificity to enable the custodian to ascertain which record is being requested, such as the parties involved, the case number, the type of desirable document(s), and/or when they were filed. Incomplete forms may result in delayed access to records. The requester may be charged \$0.25 per page for duplication by printing or photocopying and \$9.00 per certification of the record. Requests will be completed as promptly as possible under the circumstances existing at the time of the request.

FOR CUSTODIANS USE ONLY

Your request was received on _____. This request is being returned to you for the following reason(s):

_____ The request does not contain sufficient information to fulfill your request. No further action will be taken unless you submit the request with additional information.

_____ The information / record does not exist.

_____ The information / record is sealed, protected, or that of limited access, pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, 204 Pa. Code § 213.81.

_____ Other.

Signature

Date