



Borough of Carlisle



Standard Act 22 Request Form (Police Audio and Video)

Date Requested: _____

*Written request must be made within sixty (60) days of the date of the recording

Request Submitted by: _____ **Certified U.S. Mail** _____ **In Person**

Request Submitted to: Borough of Carlisle, Joyce Stone, Right to Know Officer,
53 West South Street, Carlisle, PA 17013

Name of Requester: _____

Street Address: _____

City/State/County/Zip: _____

Telephone (Optional): _____ **Email (Optional):** _____

Records Requested: **Provide as much specific detail as possible so the agency can identify the information.*

Date (Required) _____

Time (Required): _____

Location (Required): **If the requested incident took place inside a residence, every person present at the time of the recording must be identified. Unless unknown and not reasonably ascertainable. (Attach statement if more space is required)*

Relationship to requested event/recording (Required):
(Attach statement if more space is required)

****Please note: RETAIN A COPY of this request for your files****
****It is a required document if you would need to file an appeal****

For Agency Use Only

Open Records Officer: Joyce Stone

Date Received by the Agency: _____

Agency thirty (30) business day response due: _____

**The agency and requestor can agree to an extension*

CARLISLE BOROUGH

ACT 22 REQUEST

FEE SCHEDULE

Video/Audio

Fee

**Searching, editing, re-producing the first
video/audio requested. (First Hour)**

\$75.00

**Additional requests after the first video/audio
Per hour or part thereof**

\$55.00