## **LANCASTER COUNTY-WIDE COMMUNICATIONS**

## CAD DISCREPANCY/RECTIFICATION FORM

( ) ADD/DELETE/UPDATESTR	REET/INTERSECTION FILE
( ) ADD/DELETE/UPDATEBUS	SINESS/SPECIAL ADDRESS FILE
( ) INCORRECT JURISDICTION FO	OR LOCATION
( ) OTHER (EX: SPELLING ERRO	R, ETC)
Nature of discrepancy or rectification needed	1:
	OVER ( )
SIGNATURE OF PERSON REPORTING IN	NCIDENT
DEPARTMENTDA	ATE FORM COMPLETED//
SIGNATURE OF CHIEF	
OR AUTHORIZED DEPARTMENT REPRI	ESENTATIVE
CORRECTIVE ACTION TAKEN BY:	(County use only)
DATE OF CORRECTION//	
COMMENTS:	
UPON COMPLETION OF THIS FORM, FO	ORWARD COPIES TO:
<b>Director of Communications</b>	AND YOUR RADIO ADVISORY
Lancaster County-Wide Communications	COMMITTEE REPRESENTATIVE
P.O. Box 487 Manheim, PA 17545	
or	
FAX: 717-664-1126	THIS FORM MAY BE DEPRODUCED