

Lancaster County-Wide Communications

Location Alert Form

Agency: _____

Requestor/Title: _____

Phone: _____

Location to be flagged

Street Address: _____

Municipality (Twp, Borough or City): _____

Reason for Alert: (Resident's name, details, etc.)

Start Date: _____ **Expiration Date:** _____

(Cannot exceed one year. If no action is taken by the expiration date, the flag will automatically become inactive)

I authorize the above named individual to make the following request for a location alert.

(Printed Name and Title of Authorized Individual)

(Signature and Title of Authorized Individual)

(Date)

LCWC USE ONLY:

Disposition of request: _____

Printed Name(LCWC Representative): _____

Date: _____