

**TOWN COURT OF LANCASTER
SMALL CLAIMS PART
APPLICATION FOR SMALL CLAIMS**

NAME OF PERSON, OR COMPANY, YOU ARE SUING _____

STREET ADDRESS _____

CITY, STATE, & ZIP CODE _____

PHONE NUMBER (IF KNOWN) _____

YOUR NAME _____

STREET ADDRESS _____

CITY, STATE, & ZIP CODE _____

PHONE NUMBER _____

AMOUNT YOU ARE SUING FOR \$ _____

REASON YOU ARE SUING (IN BRIEF) _____

DATE THE ABOVE HAPPENED _____

IF AUTO ACCIDENT; WHERE _____

IF FOR RENT DUE OR SECURITY DEPOSIT FOR PREMISE WHERE _____
