

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

NAME OF PERSON, OR COMPANY, YOU ARE SUING _____

ADDRESS OF PERSON YOU ARE SUING _____

YOUR NAME _____

YOUR ADDRESS _____

CITY, STATE & ZIP CODE _____

TELEPHONE# _____

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 PREMISED WHERE _____
