

WOODCOCK TOWNSHIP  
CRAWFORD COUNTY, PENNSYLVANIA

OPEN RECORDS / RIGHT TO KNOW POLICY

Open Records Officer:

Renee D. Hayes

Name

16250 State Hwy. 86

Address

Saegertown, PA 16433

City, State, Zip

814-763-3563

Phone #

814-763-5951

Fax #

Email: [woodcocktwp@zoominternet.net](mailto:woodcocktwp@zoominternet.net)

Request for Records:

All requests for records shall be submitted in writing to Open Records Officer by:

- Mail – to above address
- Fax - to above fax number
- Delivery- to above address during regular business hours
- Using the attached form

FEES:

- Copies - 25¢ per page
- Certification- \$1.00 per record
- Records (such as plans, color copies, non-standard size documents) Actual Cost
- If the total fees are likely to exceed \$100.00, prepayment of the estimated amount will be due upon request.

### Response

The Open Records Officer will respond in consultation with the Solicitor, as appropriate, in accordance with the requirements of the Right to Know Law. Requests shall be reviewed as soon as possible, and a response shall be made within 5 business days. Whenever feasible, a records inspection (if requested) or copies of the records requested shall be made available within 5 business days. If access to certain records is denied, the response will indicate the reasons.

### Appeals

If a written request is denied or deemed denied, the requestor may file an appeal in writing to Terry Mutchler, Executive Director, Office of Open Records, Commonwealth Keystone Building, 400 North Street – Plaza Level, Harrisburg, PA 17120-0225.

Appeals of requests for criminal records shall be made to the District Attorney of Crawford County, Francis J. Schultz, Esquire, Crawford County Courthouse, 903 Diamond Park, Meadville, PA 16335.

An appeal shall be filed within 15 days of the mailing date of the Township's response or within 15 business days of a deemed denial. The appeal shall state the grounds upon which the requestor asserts the record(s) is/are a public record and shall address any grounds stated by the Township for delaying or denying the request.

ADOPTED this 13<sup>th</sup> day of January, 04 by the Woodcock Township Board of Supervisors.



# pennsylvania

OFFICE OF OPEN RECORDS

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY:       E-MAIL                       U.S. MAIL                       FAX                       IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): \_\_\_\_\_

NAME OF REQUESTER : \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY/ZIP(Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

EMAIL (optional): \_\_\_\_\_

**RECORDS REQUESTED:** *\*Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

DO YOU WANT COPIES?  YES  NO

DO YOU WANT TO INSPECT THE RECORDS?  YES  NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?  YES  NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100?  YES  NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

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### FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER:

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*



**pennsylvania**  
OFFICE OF OPEN RECORDS

**RIGHT-TO-KNOW LAW ("RTKL")  
APPEAL OF DENIAL, PARTIAL DENIAL, OR DEEMED DENIAL**

**Office of Open Records ("OOR")**

Email: [openrecords@pa.gov](mailto:openrecords@pa.gov)  
Fax: (717) 425-5343

333 Market Street, 16<sup>th</sup> Floor  
Harrisburg, PA 17101-2234

Today's Date: \_\_\_\_\_

**Requester Name(s):** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_

Request Submitted to Agency Via:  Email  Mail  Fax  In-Person (*check only one*)

Date of Request: \_\_\_\_\_ Date of Response: \_\_\_\_\_  Check if no response

**Name of Agency:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_

Name & Title of Person Who Denied Request (*if any*): \_\_\_\_\_

I was denied access to the following records (**REQUIRED**, *Use additional pages if necessary*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I requested the listed records from the Agency named above. By signing below, I am appealing the Agency's denial, partial denial, or deemed denial because the requested records are public records in the possession, custody or control of the Agency; the records do not qualify for any exemptions under § 708 of the RTKL, are not protected by a privilege, and are not exempt under any Federal or State law or regulation; and the request was sufficiently specific.

I am also appealing for the following reasons (*Optional. Use additional pages if necessary*): \_\_\_\_\_

\_\_\_\_\_

- I have attached a copy of my request for records. (**REQUIRED**)
- I have attached a copy of all responses from the Agency regarding my request. (**REQUIRED**)
- I have attached any letters or notices extending the Agency's time to respond to my request.
- I hereby agree to permit the OOR an additional 30 days to issue a final order.
- I am interested in resolving this issue through OOR mediation. *This stays the initial OOR deadline for the issuance of a final determination. If mediation is unsuccessful, the OOR has 30 days from the conclusion of the mediation process to issue a final determination.*

Respectfully submitted, \_\_\_\_\_ (**(SIGNATURE REQUIRED)**)

**You should provide the Agency with a copy of this form and any documents you submit to the OOR.**