

Open Records

RIGHT-TO-KNOW LAW REQUEST POLICY

This written policy outlines the proper procedures for requesting records from Chestnuthill Township (Twp.) under Pennsylvania's Right-to-Know Law, Act 3 of 2008. Questions regarding this policy should be directed to the Open Records Officer, (Cathy Martinelli) Chestnuthill Township at (570) 992-7247.

1. Requests may be in writing, by fax or e-mail. The request should identify or describe the records sought with sufficient specificity to enable Twp. to ascertain which records are being requested and shall include a name and address to which Twp. should address its response.
2. All requests in writing shall be sent to Twp. by mail or delivered in person during Twp's regular business hours of 8:00 a.m. to 4:00 p.m., Monday through Friday, except holidays and official office closing to:

Chestnuthill Township
Attn: Cathy Martinelli
PO Box 243
271 Rte 715
Brodheadsville, PA 18322

If by facsimile send to (570) 992-2225 or if by email send to:

cmartinelli@chestnuthilltwp-pa.gov

3. If a written request for records is granted, the following fees will be charged to the request:

Copies:

Photocopies per page \$.25

Mailing fees - Actual cost

A photocopy is either a single-sided copy or one side of a double-sided copy of a standard 8.5" x 11" page. Redaction is the eradication of a portion of a document while retaining the remainder where the public record contains information subject to access as well as information not subject to access. The Twp. may require a requester to prepay an estimate of the fees listed, if the fees require to fulfill the request are expected to exceed \$100. All costs must be paid by certified check or money order made payable to Chestnuthill Township.

Commonwealth of Pennsylvania
Office of Open Records
400 North Street, Plaza Level
Harrisburg, PA 17120-0225
Phone 717-346-9903
Fax 717-425-5343

Terry Mutchler, Executive Director

Nathanael Byerly, Deputy Director



Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it is required should an appeal be necessary. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED TO AGENCY NAME: _____ (Attn: AORO)

Date of Request: _____ Submitted via: Email U.S. Mail Fax In Person

PERSON MAKING REQUEST:

Name: _____ Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

How do you prefer to be contacted if the agency has questions? Telephone Email U.S. Mail

RECORDS REQUESTED: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. Use additional sheets if necessary. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.*

DO YOU WANT COPIES? Yes, electronic copies preferred if available
 Yes, printed copies preferred
 No, in-person inspection of records preferred (*may request copies later*)

Do you want **certified copies**? Yes (*may be subject to additional costs*) No
RTKL requests may require payment or prepayment of fees. See the [Official RTKL Fee Schedule](#) for more details.

Please notify me if fees associated with this request will be more than \$100 (or) \$_____.

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: _____ Date Received: _____ Response Due (5 bus. days): _____

30-Day Ext.? Yes No (If Yes, Final Due Date: _____) Actual Response Date: _____

Request was: Granted Partially Granted & Denied Denied Cost to Requester: \$_____

Appropriate third parties notified and given an opportunity to object to the release of requested records.