



# pennsylvania

OFFICE OF OPEN RECORDS

## STANDARD RIGHT-TO-KNOW REQUEST FORM

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

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

NAME OF REQUESTOR : \_\_\_\_\_

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

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

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

RECORDS REQUESTED:

*\*Provide as much specific detail as possible so the agency can identify the information.*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-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.)*

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**pennsylvania**  
OFFICE OF OPEN RECORDS

**Right-To-Know Response Form**

**Re: Sample Granted Request**

Date

Citizen Name  
Address  
Telephone Number

Dear [*Citizen*],

Thank you for writing to [*Name of Public Body or Agency*] with your request for information pursuant to the Pennsylvania Right- To-Know law.

On [*Insert date received by agency*], you requested documents that [*insert description of information requested, or restate their request*]. Your request is granted and the requested responsive documents are enclosed.

Respectfully,

RIGHT-TO-KNOW OFFICER NAME [*information required to be typed*]  
TITLE [*information required to be typed*]  
BUSINESS ADDRESS [*information required to be typed*]  
BUSINESS TELEPHONE [*information required to be typed*]

SIGNATURE



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# pennsylvania

OFFICE OF OPEN RECORDS

## Right-To-Know Response Form

Re: Sample Granted in Part/Denied in Part

Date  
Citizen Name  
Address  
Telephone Number

Dear *[Citizen]*,

Thank you for writing to *[Public Body]* with your request for information pursuant to the Pennsylvania Right-To-Know law.

On *[date received by agency]*, you requested *[description of information requested, or restate their request]*. Your request is granted in part and denied in part as follows. Your documents are enclosed.

However, the *[Agency]* has withheld information that is exempt from disclosure by law. We redacted *[Describe redacted information: Examples....social security number, academic transcripts, medical information, or other exemptions]* as outlined in Section 708(b).

This information is exempt from disclosure under *[CITE applicable section of the law. If precluded from release by other state or federal law, rule or regulation, you must cite to that legal authority.]*

You have a right to appeal this denial of information in writing to Terry Mutchler, Executive Director, Office of Open Records, Commonwealth Keystone Building, 400 North Street, 4<sup>th</sup> Floor, Harrisburg, PA 17120.

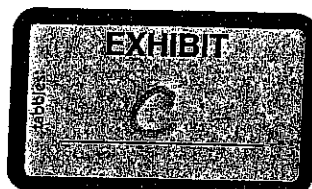
*[For Criminal Records]* to the District Attorney of the County, Name, Address and Telephone Number. *[For Legislative Records]*: Contact information

If you choose to file an appeal you must do so within 15 business days of the mailing date of the agency's response, as outlined in Section 1101. If you have further questions, please call *[Right-To-Know Officer]*. Please be advised that this correspondence will serve to close this record with our office as permitted by law.

Respectfully,

RIGHT-TO-KNOW OFFICER NAME *[information required to be typed]*  
TITLE *[information required to be typed]*  
BUSINESS ADDRESS *[information required to be typed]*  
BUSINESS TELEPHONE *[information required to be typed]*

SIGNATURE



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# pennsylvania

OFFICE OF OPEN RECORDS

## Right-To-Know Response Form

Re: Sample Denial

Date

Citizen Name  
Address  
Telephone Number

Dear **[Citizen]**,

Thank you for writing to **[Public Body]** with your request for information pursuant to the Pennsylvania Right-To-Know law.

On **[Date received by agency]**, you requested **[Describe information requested, or restate their request]**. Your request is denied for the following reasons, as permitted by Section 706 of the Act.

The **[Agency]** has denied your request because **[describe specific type of information, such as medical records, academic transcripts or other exemption items]** is exempt from disclosure. **[Must cite applicable section of the RTK law. If precluded from release by some other state or federal law, rule or regulation, you must cite that legal authority.]**

You have a right to appeal this denial of information in writing to Terry Mutchler, Executive Director, Office of Open Records, Commonwealth Keystone Building, 400 North Street, 4<sup>th</sup> Floor, Harrisburg, PA 17120.

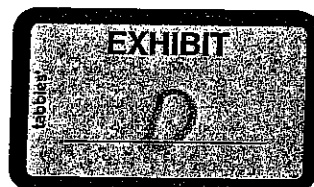
**[For Criminal Records]** appeal to the District Attorney Name, Address and Telephone Number.

If you choose to file an appeal you must do so within 15 business days of the mailing date of the agency's response. Section 1101. If you have further questions, please call **[Right-To-Know Officer]**. Please be advised that this correspondence will serve to close this record with our office as permitted by law.

Respectfully,

RIGHT-TO-KNOW OFFICER NAME *[information required to be typed]*  
TITLE *[information required to be typed]*  
BUSINESS ADDRESS *[information required to be typed]*  
BUSINESS TELEPHONE *[information required to be typed]*

SIGNATURE



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**Open Records Officer:**

Robin Hemperly  
Myerstown Borough  
101 E. Washington Avenue  
Myerstown, PA 17067-1142  
(717) 866-5038

**Alternate Records Officer:**

Gloria Ebling  
Myerstown Borough  
101 E. Washington Avenue  
Myerstown, PA 17067-1142  
(717) 866-5038

**Fee Structure**

**Record Type**

**Fee**

**Copies:**

.25 Cents per page

*(A "photocopy" is either a single-sided copy or one side of a double-sided black-and-white copy of a standard 8.5" x 11" page)*

**Certification of a Record:**

\$1 per record, not per page. Please note that certification fees do not include notarization fees.

**Specialized documents:** For example, but not limited to, blue prints, color copies, non-standard sized documents

Actual Cost

**Facsimile/Microfiche/Other Media:**

Actual Cost

**Redaction Fee:**

No Redaction Fee May be Imposed

**Conversion to Paper:**

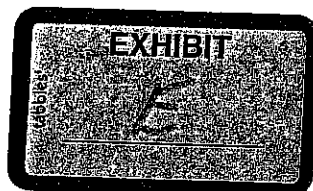
If a record is only maintained electronically or in other non-paper media, duplication fees shall be limited to the lesser of the fee for duplication on paper or the fee for duplication in the original media unless the requester specifically requests for the record to be duplicated in the more expensive medium. (Sec.1307(e)).

**Postage Fees:**

See attached

**Prepayment**

The Township shall require prepayment if the total fees are estimated to exceed \$100.00.



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