

**TOWNSHIP OF TULPEHOCKEN
BERKS COUNTY, PENNSYLVANIA**

Open Records Policy

Open Records Officer

The Township of Tulpehocken (“Township”) Open Records Officer, Kathryn Judy , may be reached at:

Tulpehocken Township
22 Rehrersburg Road
PO Box 272
Rehrersburg PA 19550
Phone: 717-933-5747 Fax: 717-933-2014
tulpytwp@comcast.net

General

All documents deemed public records shall be available for inspection, retrieval, and duplication at the Municipal Building during established business hours, generally 9:00 A.M. to 3:00 P.M., on Monday, Tuesday, Wednesday, and Thursday weekly, with the exception of holidays.

Requests

Requests shall be made in writing to the Township Open Records Officer on a form provided by the Township or the form provided by the Pennsylvania Office of Open Records. (See attached form)

Anonymous Requests

The Township will not accept or respond to anonymous requests. All requests must include the requestor’s name and address for correspondence.

Fees

Paper copies shall be 25 cents per page per side. The certification of a record is \$1 per record. Specialized documents including, but not limited to blue prints, color copies and non-standard sized documents shall be charged the actual cost of production. If mailing is requested, the cost of postage will be charged. The Township shall require prepayment if the total fees are estimated to exceed \$100.

Response

The Township shall make a good-faith effort to provide the requested public record(s) as promptly as possible. The Open Records Officer shall cooperate with those requesting records to review and/or duplicate original Township documents while taking reasonable measure to protect township documents from the possibility of theft, damage, and/or modification.

The Open Records Officer shall review all written requests for access to public records. As soon as possible, but no later than five business days after receiving a written request to access public records, the Open Records Officer shall respond to such requests in writing consistent with Act 3 of 2008, the Right-to-Know Law.

If access to a record is denied, the response shall include a reason for denial as stipulated in Act 3 of 2009, the Right-to-Know Law.

Appeals Process

If a written request for access is denied or deemed denied, the Requestor may file an appeal with the Pennsylvania Office of Open Records for access to the requested Record within 15 business days of the mailing date of the Township Right To Know Officer's response or within 15 business days of a deemed denial per Section 1101 of the Right to Know Law.

The appeal shall include the original Right to Know request, the Township's denial, and state the reasons the Requestor believes that the record is a Public Record, and shall address the reasons, if any, by which the Township has delayed or denied the request.

The procedure and information on how to file appeals to the Pennsylvania Office of Open Records, including the online appeal form, can be found at <https://www.openrecords.pa.gov/Appeals/HowToFile.cfm>.

Online appeals can be submitted at:
<https://www.openrecords.pa.gov/Appeals/AppealForm.cfm>.

Appeals may also be submitted as follows:

Via Fax: 717-425-5343

Email: openrecords@pa.gov

Postal Mail:
Executive Director
Office of Open Records
Commonwealth Keystone Building
333 Market Street, 16th Floor
Harrisburg, Pennsylvania 17101-2234

In person during normal business hours at:
Office of Open Records, 333 Market Street, 16th Floor, Harrisburg, Pennsylvania

Appeals of criminal records shall be made to the District Attorney of Berks County:

John T. Adams, Esq.
Berks County Services Center
633 Court Street, 5th Floor
Reading, PA 19601
Phone: (610) 478-6000

**TULPEHOCKEN TOWNSHIP
22 REHRERSBURG ROAD
PO BOX 272
REHRERSBURG PA 19550
PHONE: 717-933-5747 FAX: 717-933-2014
tulpytwp@comcast.net**

TULPEHOCKEN TOWNSHIP 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/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 or NO
DO YOU WANT TO INSPECT THE RECORDS? YES or NO
DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or 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 **

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
 N/A

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: _____

TIME EXTENSION TO RESPOND TAKEN: YES or NO

RESPONSE DUE UNDER TIME EXTENSION: _____

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the 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.)*