TOWNSHIP OF



Manager 610-446-1000 ext. 2208 Human Resources 610-446-1000 ext. 2233

HAVERFORD

DELAWARE COUNTY 1014 DARBY ROAD HAVERTOWN, PA 19083-2551 (610) 446-1000 LARRY HOLMES, ESQ, PRESIDENT
JUDY TROMBETTA. VICE PRESIDENT
DAVID R. BURMAN, TWP MANAGER/SECRETARY
AIMEE CUTHBERTSON, ASS'T TWP. MANAGER
JOHN R.WALKO ESQ., SOLICITOR
PENNONI ASSOCIATES, INC. ENGINEER

WARD COMMISSIONERS
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2ND WARD SHERYLY FORSTE-GRUPP, PH.D
3RD WARD KEVIN MCCLOSKEY, ESQ
4TH WARD JUDY TROMBETTA
5TH WARD LAURA CAVENDAR
6TH WARD LARRY HOLMES, ESQ
7TH WARD CONOR QUINN
8TH WARD GERARD T. HART, MD
9TH WARD WILLIAM F. WECHSLER

OPEN RECORDS POLICY

Requests

Requests for access to public records will be accepted at the Township Municipal Building during normal business hours, Monday through Friday, 8:00 a.m. to 4:00 p.m., with the exception of holidays. Requests shall be in writing and directed to the Township Manager (Open Records Officer) at the Township Municipal Building, 1014 Darby Road, Havertown, PA 19083. Written requests shall be on a form provided by the Township or the PA Office of Open Records and shall include the date of the request, the name and address of the requester, a clear description of the records sought and if duplication is necessary, appropriate payment. Requests can also be faxed (484-454-4190) or emailed (gcugini@havtwp.org) to the Open Records Officer.

Fees

Paper copies will be \$.25 per side. If mailing is requested, the cost of postage will be charged. The Township will require prepayment if the total fees are estimated to exceed \$100.

Responses

The Township will make a good faith effort to provide the requested public records as promptly as feasible. Township employees shall cooperate with those requesting to review and/or duplicate original Township documents while taking reasonable measures to protect Township documents from the possibility of theft and/or modification.

The Open Records Officer shall review all written requests for access to public records and shall make a determination within five business days of the request, to grant or deny the request in accordance with Act 3 of 2008, the Pennsylvania Open Records Act. The Open Records Officer may determine additional time is required if any of the following circumstances exist:

(A) The request for access requires redaction of a public record; (B) The request for access requires retrieval of a record stored in a remote location; (C) A timely response to the request for access cannot be accomplished due to bona fide and specified staff limitations; (D) A legal review of the request is necessary to determine whether the record is a public record subject to access under the Act; (E) The person or entity requesting access to the public record has not complied with the Township's policies regarding access to public records; or (F) The person requesting access to the record refuses to pay applicable fees.

Appeals Process

If a written request is denied or deemed denied, the requester shall be notified in writing of the Open Records Officer's decision within the application five business day or 30 business day period. Denials must be in writing, accompanied by a description of the record, the reason for denial including citation to the legal authority and contact information for the Township's Open Records Officer, date of response, and procedures for appeal. The denial must be signed by the Open Records Officer. Appeals from a denial may be made within 15 days to the Pennsylvania Office of Open Records, Commonwealth Keystone Building, 400 North Street, Harrisburg, PA 17120-0225 (Telephone: 717-346-9903).

Should you have further questions please visit: https://www.openrecords.pa.gov



Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. 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 REQUES	ST:					
Name:	Company (if applicable):					
Mailing Address:						
City:	State:	Zip:	Email:			
Telephone:		Fax:				
How do you prefer to be co RECORDS REQUESTED: Be matter, time frame, and type of are not required to explain why Use additional pages if necessor	e clear and cond of record or party y the records are	cise. Provide as much . y names. RTKL request	specific deta s should see	uil as possible, k records, not c	ideally in isk questi	cluding subject ons. Requesters
Do you want <u>certified copie</u> RTKL requests may require	☐ Yes, electro ☐ No, in-perso es? ☐ Yes (ma payment or pre	nic copies preferred on inspection of reco y be subject to addition of fees. See	if available rds preferr onal costs) the <u>Official</u>	ed (<i>may requ</i> No RTKL Fee Sch	<u>iedule</u> foi	r more details.
Please notify me if fees as		W THIS LINE FOR A)r) ⊔ \$_	
Tracking:					ne).	
30-Day Ext.? ☐ Yes ☐ No (
Request was: Granted	•			•		
\square Appropriate third partie	s notified and	given an opportunity	y to object t	to the release	of reque	ested records.