

**Middle Smithfield Township Right-to-Know Open Records Policy**

**Open Record Officer**

Middle Smithfield Township hereby designates Kate Galinus as the Township Open Records Officer.

The Open Records Officer may be reached at: 25 Municipal Drive, East Stroudsburg, PA 18302, Telephone 570 223-8920, Fax 570 223-8935, Email mstwpk@ptd.net.

**General**

All documents deemed public records shall be available for inspection, retrieval, and duplication at the Municipal Building during established business hours 8:00 a.m. To 4:00 p.m, with the exception of weekends and holidays.

**Requests**

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

**Fees**

Paper copies shall be:

8 .5" x 11" b/w	.25
8 .5 " x 11" color	.30
8 .5 " x 14" b/w	.35
8 .5 " x 14" color	.40
11" x 17" b/w	.45
11" x 17" color	.50
12" x 18" - 24" x 36"	3.00
larger than 24" x 36"	5.00

Documents that must be duplicated off premises	Actual Cost
Certification of a Record	1.00
Facsimile/Microfiche/Other Media	Actual Cost
Redaction Fee	No Redaction Fee May be Imposed
Postage Fees	Postage Fees May Not Exceed the Actual Cost of Mailing
Statutory Fees	If a separate statute authorizes an agency to charge a set amount for a certain type of record, the agency may charge no more than that statutory amount.

\*Prior to granting a request for access in accordance with this Act, the Township may require a requester to prepay an estimate of the fees authorized under this section if the fees required to fulfill the request are expected 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.

**Contact Information for Appeals**

If a written request is denied or deemed denied, the requester 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 Process**

The appeal shall be filed within 15 business 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 requester asserts the records is a public record and shall address any grounds stated by the township for delaying or denying the request.

RESOLVED AND ENACTED this 11<sup>th</sup> day of December, 2008 by the Middle Smithfield Township Board of Supervisors.

Attest:

Shary Pedman  
Secretary

Board of Supervisors of  
Middle Smithfield Township

Scott Schaller  
Scott Schaller, Chairman

Ron Clewell  
Ron Clewell

Robert F. Spano  
Robert Spano



## Middle Smithfield Township

### Open Records Request Form

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

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

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

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

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

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

#### RECORDS REQUESTED:

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

*\*Use back of this page if more room needed.*

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: \_\_\_\_\_

Copies \_\_\_\_\_ Postage \_\_\_\_\_ Fax \_\_\_\_\_

Total Cost \_\_\_\_\_

Date Copies were: Picked Up \_\_\_\_\_ Faxed \_\_\_\_\_ Mailed \_\_\_\_\_ E Mailed \_\_\_\_\_