



TOWNSHIP OF  
**HAVERFORD**

DELAWARE COUNTY  
1014 DARBY ROAD  
HAVERTOWN, PA 19083-2551  
(610) 446-1000

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

## **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 (mbadman@havtwp.com) 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

Please read carefully. Complete this form and retain a copy of **both** pages; this copy may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied. More information about the RTKL is available at <https://www.openrecords.pa.gov>. In most cases, a completed RTKL request form is a public record.

SUBMITTED TO AGENCY NAME: \_\_\_\_\_ (Attn: AORO)

Date Request Submitted: \_\_\_\_\_ Submitted via:  Email  U.S. Mail  Fax  In Person

**PERSON MAKING REQUEST:**

Full Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Please send response via:  Email  U.S. Mail

*If you wish to obtain records that only exist in hard copy, or must be provided on an electronic storage device, you may be required to provide a mailing address to the agency. See Section 703.*

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.**

**RECORDS REQUESTED:** Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary.

**Form continues on page 2. Retain a copy of both pages.**

**RECORDS REQUESTED (continued):**

**DO YOU WANT COPIES?**    Yes, printed    Yes, electronic    No, in-person inspection

*Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701. Your request may require payment or prepayment of fees. View the [Official RTKL Fee Schedule](#) for more details.*

**I understand that my request may incur fees. Notify me before further processing if fees will be more than**  \$100 (or)  \$\_\_\_\_\_.

Do you want [certified copies](#)?    Yes (may be subject to additional costs)    No

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**ITEMS BELOW THIS LINE FOR AGENCY USE ONLY**

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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.

***Retain a copy of both pages of this Form.***