# OPEN RECORDS POLICY
## OF THE TOWNSHIP OF FOX

### Open Record Officer
The township hereby designates Kathy Dowie as the township Open Records Officer.
The Open Records Officer may be reached at:
By mailing your request to;      Fox Township
                            PO Box 184, 116 Irishtown Road
                            Kersey, PA. 15846

Or by calling the Township Office at (814) 885-8450 extension 4.

Or by emailing request to kdowie@foxtownship.com

### 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.

### Fees
Paper copies shall be $0.30 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.

### 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, P A 17120-0225

### Appeals Process
If a written request is denied or deemed denied under the Act, the requester may file exceptions with the Board of Supervisors within 15 business days of the mailing date of the Township's denial or within 15 days of any deemed denial under the Act. The exceptions shall state grounds on which the requester asserts that the record is a public record and shall address any grounds stated by the Township for delaying or denying the request.

The Board of Supervisors shall make a "final determination" on the exceptions within 30 days of the mailing date of the exceptions. The Board of Supervisors may hold a hearing on the issue during the 30 days. If the Board determines that the denial was correct, it must provide a written explanation to the requester.

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.

The requester may appeal a final determination to the Common Pleas Court or District Justice within 30 days of agency denial or agency final determination.

This policy has been adopted by the Board of Supervisors of Fox Township this 4th day of December, 2002, at open meeting duly advertised.

# *FOX TOWNSHIP RECORD REQUEST FORM*

DATE_____

NAME_____

ADDRESS_____

_____

PHONE NUMBER_____FAX NUMBER_____

DESCRIPTION OF RECORDS (*For more space, continue on back*)

_____

_____

_____

_____

_____

_____

_____

INSTRUCTIONS:   PICK-UP      FAX           MAIL          DISK          EMAIL

_____

SIGNATURE *(When request is fulfilled)*_____

For Office Use Only:

Copies_____        Postage_____      Disk_____          Fax_____

TOTAL COST_____

DATE REQUEST FULFILLED_____

INITIALS OF STAFF MEMBER_____

DATE INFORMATION:  Picked up_____      Faxed_____   Mailed_____