

Board of Supervisors
Salisbury Township
5581 Old Philadelphia Pike
Gap, PA 17527

REQUEST FOR INSPECTION AND/OR DUPLICATION OF PUBLIC RECORDS

Requests for inspection and/or duplication of public records shall be made to the Open-Records Officer. Requests may be made in person at the Township office at 5581 Old Philadelphia Pike, Gap, Pennsylvania, during normal business hours (Mondays through Fridays from 7:00 a.m until 4:30 p.m.); by mail to 5581 Old Philadelphia Pike, Gap, PA 17527; by fax to (717) 768-3660; or by e-mail to twp@comcast.net.

The Township is not required to and will not compile lists, prepare summaries, or create documents that do not exist. The Township will provide access to and duplication of existing Township records which are public records under the Right-to-Know Law.

Name (Optional): _____

Address (Optional): _____

City/State (Required): _____

Daytime Telephone Number (Optional): _____

Fax Number (Optional): _____

I am submitting this request (circle applicable) By Mail By Fax In Person E-mail

It is the intent of the Township to comply in all respects with the Pennsylvania Right-to-Know Law. In order to process a request for inspection and/or duplication of a public record, the Township requires sufficient and specific information to identify the record. The Township may deny a request if there is inadequate information for the Township to identify the specific record requested. Please provide as much of the following requested information as possible:

Type of document (e.g. ordinance, resolution, meeting minutes, etc.): _____

Subject of document (e.g. sewage system ordinance, building permit for a specifically identified property, Zoning Hearing Board decision, etc.): _____

Approximate date or dates of documents (should be within a three to six month time frame): _____

Please state any other information which you believe would assist the Township in identifying the public record which you seek: _____

I wish to examine this public record at the Township office: Yes No

I wish to obtain a copy of this public record: Yes No

Unless otherwise requested, the Township will provide (1) a reference to the web site address when the requested record is available on a web site or, (2) if not available on the Internet, paper photocopies of public records. The Township does not guarantee a requested record is available or can be made available in any other format.

I wish a copy of the public record in the following format or media if possible:

I wish the Township to mail a copy of this public record to me: Yes No

I wish the public record to be mailed to the following address: _____

The name and contact information for the Salisbury Township Open-Records Officer is as follows:

Salisbury Township
5581 Old Philadelphia Pike
Gap, PA 17527
768-8059

The hours of the Open-Records Officer are Mondays through Fridays from 7:00 a.m until 4:30 p.m.

I acknowledge that the Township may impose fees pursuant to Section 1307 of the Right-to-Know Law to fulfill this request. I acknowledge that the Township does not have to provide me with the copies (if any) I have requested until I pay the fees in full. If the fees required to fulfill the request are expected to exceed \$100.00, I acknowledge that the Township may require that I prepay an estimate of the fees prior to granting my request for access in accordance with the Right-to-Know Law.

Date: _____

Signature (Optional if requesting to examine documents or pick up documents; Mandatory if requesting documents be mailed)

For Township Use Only

Date of Receipt: _____

Computation of Expiration of five-day period to respond: _____

A copy of this request shall, pursuant to Section 502(b)(2)(iii) of the Law, be maintained until the request has been fulfilled. If the request is denied, a copy of shall be maintained for thirty (30) days or, if an appeal is filed, until a final determination is issued under Section 1101(b) of the Right-to-Know Law or the appeal is denied.