RESOLUTION NO. 2024-08

A RESOLUTION OF WASHINGTON TOWNSHIP, YORK COUNTY, PENNSYLVANIA ESTABLISHING POLICIES FOR ANONYMOUS RIGHT-TO-KNOW REQUESTS.

WHEREAS, Washington Township, is a political subdivision, being a second-class township and is an agency as defined by Act 3 of 2008, known as the Open Records Law; and

WHEREAS, Pennsylvania's Right-to-Know Law, Section 504 permits an agency to promulgate regulations and policies necessary for the agency to implement the act; and

WHEREAS, Pennsylvania's Right-to-Know Law, Section 505 permits an agency to accept the uniform form developed by the Office of Open Records; and

WHEREAS, Pennsylvania's Right-to-Know Law, Section 702 gives agencies discretion to choose if they want to provide records to anonymous requesters;

NOW, THEREFORE BE IT RESOLVED by the Board of Supervisors of Washington Township, York County, their policy states that all Right-to-Know Requests must be submitted to the Agency Open Records Officer (AORO) in writing, on the form developed by The Office of Open Records, which is provided to the Requesters on the Township's website; and

All Right-to-Know Requests must be from a "Requester." As defined in the Right-to-Know Law, Section 102 Definitions; and

No Requests made by Anonymous Requesters will be accepted. Requests must include the Requester's legal name, mailing address, email address (if applicable), and phone number as required on the Standard Right-to-Know Law Request Form.

RESOLVED AND ADOPTED this 21ST day of OCTOBER 2024 by the Board of Supervisors of Washington Township in lawful session duly assembled.

ATTEST

Diane J. Seandoff

Secretary

WASHINGTON TOWNSHIP
BOARD OF SUPERVISORS

By:

Chairman

Pennsylvania
Office of Open Records

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

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

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.