

# ASHLEY BOROUGH

## RIGHT TO KNOW/OPEN RECORDS

### REQUESTS

RTK requests are handled by the Open Records Officer for Ashley Borough.

#### Procedure for Submitting RTK Requests

Requests may be submitted in person, by mail, by fax or by email; however, it is *recommended that requests be submitted via email* to ensure timely receipt and response.

**E-mail:** [ashleyboroughoffice@gmail.com](mailto:ashleyboroughoffice@gmail.com)

#### **U.S. Mail:**

Ashley Borough  
Borough Manager/Right to Know Office  
49 West Cemetery St.  
Ashley, PA 18706

Requests **must** be submitted using the standard statewide form provided by Ashley Borough (see form below or use following web address).

[RIGHT TO KNOW REQUEST FORM \(pa.gov\)](#)

Any request not submitted using the standard statewide form will be considered an informal request and not subject to the RTKL.

**Verbal or anonymous requests will not be accepted.** Each request must include (1) the name and address of the person making the request and (2) identify or describe the records sought with sufficient specificity to ascertain which records are being requested.

#### **Fees for RTK Requests**

Please note that there may be fees associated with providing requested records. Records will not be provided until applicable fees have been paid. Fee amounts are set in accordance with the standard fee schedule established by the Office of Open Records [Official RTKL Fee Schedule.pdf \(pa.gov\)](#)

## **RTKL Appeals**

To challenge the denial or deemed denial of a request for OOR records, an appeal may be filed by completing the official OOR Appeal Form available on the OOR website:

<https://www.openrecords.pa.gov/Appeals/HowToFile.cfm> . An appeal may also be filed via postal mail, email, or fax using the following contact information:

Liz Wagenseller  
Executive Director  
Office of Open Records  
333 Market Street, 16<sup>th</sup> Floor  
Harrisburg, PA 17101-2234  
email: [openrecords@pa.gov](mailto:openrecords@pa.gov)  
Fax: 717-425-5343



### 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. 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.***