

Township of Collier

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

**I. TO BE COMPLETED BY REQUESTER - Please print legibly.**

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY:            E-MAIL            U.S. MAIL            FAX            IN-PERSON

NAME OF REQUESTER (Optional): \_\_\_\_\_

STREET ADDRESS (Optional): \_\_\_\_\_

CITY/STATE/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

I request to  review  duplicate (check applicable boxes) of the following records. **Important:** You must identify or describe the records with sufficient specificity to determine which records are being requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU WANT COPIES? Check one:     Yes     No

DO YOU WANT TO INSPECT THE RECORDS? Check one:     Yes     No

DO YOU WANT CERTIFIED COPIES OF RECORDS? Check one:     Yes     No

**II. TO BE COMPLETED BY RIGHT-TO-KNOW OFFICER**

RIGHT-TO KNOW OFFICER: \_\_\_\_\_

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_

AGENCY 5 BUSINESS DAY RESPONSE DATE: \_\_\_\_\_

ACTION TAKEN:     Copy to Manager     Copy to Solicitor     Copy to \_\_\_\_\_

Approved – Date \_\_\_\_\_ Notice Mailed \_\_\_\_\_

Denied in whole or part – Date \_\_\_\_\_ Notice Mailed \_\_\_\_\_

Additional Review

Township of Collier

REQUEST TO REVIEW AND/OR DUPLICATE GRANTED

Date

Requester's Name

The attached request is granted and the requested responsive documents are enclosed.

Respectfully,

RIGHT-TO-KNOW OFFICER NAME

BUSINESS ADDRESS

BUSINESS TELEPHONE

SIGNATURE

Township of Collier

DENIAL OF ALL OR PART OF REQUEST TO REVIEW AND/OR DUPLICATE

Date of Denial: \_\_\_\_\_  
Requester's Name: \_\_\_\_\_  
Requester's Address: \_\_\_\_\_  
\_\_\_\_\_

Re: Denial of Request to Review and/or Duplicate \_\_\_\_\_  
Request No. \_\_\_\_\_  
Date of Request: \_\_\_\_\_

Dear Mr./Mrs./Ms. \_\_\_\_\_

Please be advised that your request to review/duplicate [strike out inappropriate request] the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

has been denied for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This denial is based upon the following legal authority:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that Collier Township has granted your request to review/duplicate the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have the right to appeal this denial of information in writing to Terry Mutchler, Executive Director, Office of Open Records, Commonwealth Keystone Building, 400 North Street, 4<sup>th</sup> Floor, Harrisburg, PA 17120.

For Criminal Records, appeal to District Attorney Stephen A. Zappala, Room 303 Courthouse, 436 Grant Street, Pittsburgh, PA 15219, (412) 350-4400.

If you choose to file an appeal you must do so within 15 business days of the mailing date of the agency's response. (Section 1101). If you have further questions, please call the Right-to-Know Officer named below. Please be advised that his correspondence will serve to close this record with our office as permitted by law.

\_\_\_\_\_  
RIGHT-TO-KNOW OFFICER NAME  
BUSINESS ADDRESS  
BUSINESS TELEPHONE

