

CARROLL TOWNSHIP AUTHORITY

Carroll Township Municipal Building

130 Baird Street

Monongahela, PA 15063

Phone: (724) 489-4493

Fax: (724) 489-9589

REQUEST FOR PUBLIC RECORDS

In accordance with the Carroll Township Sewage Authority's Open Records Policy, the following information is required to request any public record.

1. The request is to:

_____ access copies of records.

_____ procure copies of records.

_____ access to the documents and a copy of those documents.

Note: A request to access records does not include a right to remove a record from the control or supervision of the Open Records Officer.

2. Requestor Information (All information must be legible)

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

3. Information Requested

All records requested must be identified and/or described with sufficient specificity so that we may ascertain whether we have these documents and how to locate them. (Note: Each record request must be specific to one record. Multiple record requests are permitted but must be on separate forms.)

4. Medium in which the record is requested (fees apply – Please see Schedule A)

_____ Photocopy or electronic scan/print

_____ Electronic e-mail

5. I certify that I am a resident of the United States of America. (Note: Appropriate documentation may be requested.)

Signature of Requester

CARROLL TOWNSHIP SEWAGE AUTHORITY

Response to Request

Date of Response: _____

Your request for the stated record was received on _____
In response to your request, we submit the following:

_____ The public record you requested has been accepted and is being processed. Please remit \$_____.

_____ We have determined that your request requires an extension of time due to the complicated nature of the assimilation of data. You should expect a response on or about _____.

_____ Your request has been denied for the following reason(s):

This denial is based upon the following legal authority:

You have the right to appeal this decision. If you appeal, you must either:

1. Within fifteen (15) days of the notice of denial or deemed denial, file exceptions with the Office of Open Records in accordance with the Authority's Open Records Request Policy and Procedures at:

Commonwealth of Pennsylvania
Office of Open Records
Commonwealth Keystone Building
400 North Street, Plaza Level
Harrisburg, PA 17120-0225
717-346-9903
Email: openrecords@state.pa.us

If you file exceptions, the Office of Open Records has thirty (30) days in which to respond to your exceptions, unless an extension is granted by the parties. The Office of Open Records may decide to conduct a hearing with that time assist in the making of the decision.

----OR----

Within thirty (30) days of the notice of denial, or within thirty (30) days of the Office of Open Records final decision (in the event that you have filed exceptions), file a petition for review in the Westmoreland County Court of Common Pleas.

CARROLL TOWNSHIP AUTHORITY

By: _____
Open Records Officer
Carroll Township Sewage Authority

CARROLL TOWNSHIP SEWAGE AUTHORITY

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Office Record re: PUBLIC RECORD REVIEW/DUPLICATION REQUEST

To be complete by: _____ (within five days of receipt of request)

Date received: _____

Action Taken:

_____ Approved Date of approval: _____

_____ Denied Date notice mailed: _____

_____ Additional Review Date notice mailed: _____