

Hamilton Township, Franklin County, Pennsylvania
Right-to-Know Policy

Open Records Officer

The township hereby designates Patricia L. Clugston, Secretary, as the Hamilton Township Open Records Officer. The Open Records Officer may be reached at 1270 Crottletown Road, Chambersburg, Pennsylvania 17202; telephone: 717-264-2946; fax: 717-264-2134; or email: hamiltontwp@comcast.net.

The township hereby designates Ginger L. Powell, Assistant Secretary, as Hamilton Township's Alternate Open Records Officer. The Alternate Open Records Officer may be reached at 1270 Crottletown Road, Chambersburg, Pennsylvania 17202; telephone: 717-264-2946; fax: 717-264-2134; or email: hamiltontwp@comcast.net.

General

Public records shall be available for inspection, retrieval, and duplication at the Township Office during normal business hours (8:00 a.m. to 4:00 p.m.), with exception of Township-designated holidays.

Requests

Requests shall be made in writing to the Township's Open Records Officer on a form provided by the Township. Requests submitted on the Pennsylvania Office of Open Records' Standard Right-to-Know Request Form will also be accepted. Anonymous or verbal requests will not be considered.

Fees

Paper copies shall be \$0.25 per page, per side, for black and white copies up to the first 1,000 pages; \$0.20 beyond 1,000 pages; and \$0.50 for color copies. The certification of a record is \$5.00 per record. Specialized documents, including but not limited to blueprints, color copies, and nonstandard-sized documents shall be charged for the actual cost of production. If mailing is requested, the cost of postage will be charged. All fees must be paid before documents will be released. Prepayment is required if the total fees are estimated to exceed \$100.00.

Response

The Open Records Officer shall make a good-faith effort to provide the requested public record(s) as promptly as possible and within the RTKL's five business day timeframe. If the Open Records Officer cannot do so within five business days, she/he is permitted to exercise a 30-day extension upon notifying the requester. The Open Records Officer shall cooperate with those requesting records to review and/or duplicate original documents while taking reasonable measures to protect original documents from the possibility of theft, damage, and/or modification.

If the request is denied, the Open Records Officer will send the requester a letter stating 1) a description of the record requested; 2) the specific reasons for the denial, including a citation of legal authority; 3) contact information for the Open Records Officer; 4) the date of the response; and 5) the procedure to appeal the denial.

Contact Information for Appeals

If a written request is denied, the requester has the right to file an appeal in writing to Executive Director, Office of Open Records, 333 Market Street, 16th Floor, Harrisburg, PA 17101.

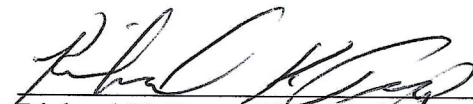
Appeals Process

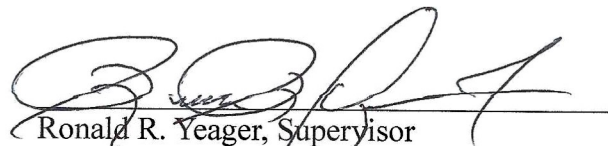
Appeals must be filed within 15 business days of the mailing date of the Township's response. Please note that a copy of the requester's original request and the Township's denial letter must be included when filing an appeal. The law requires an appeal to include reasons why the record is a public record and to address the reasons for the denial that the Township stated in its denial letter.

Visit the Office of Open Records' website at www.openrecords.pa.gov for additional information on filing an appeal.

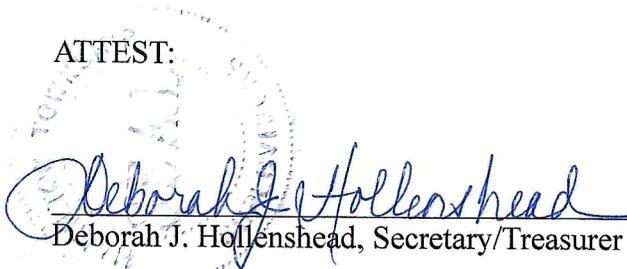
RESOLVED AND ENACTED this 16th day of April, 2025 by the Hamilton Township Board of Supervisors.


Jeffrey T. Rockwell, Chairman


Richard K. Troup, Vice-Chairman


Ronald R. Yeager, Supervisor

ATTEST:


Deborah J. Hollenshead, Secretary/Treasurer



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.