



HILLTOWN TOWNSHIP

13 West Creamery Road
P.O. Box 260
Hilltown, PA 18927
(215) 453-6000 • Fax (215)453-1024
www.hilltown.org

REQUEST TO REVIEW TOWNSHIP PUBLIC RECORDS

Requests to review Hilltown Township public records must be made in writing to the Township's Open Records Officer on a form provided by the Township. All deemed public records shall be available for inspection, retrieval, and duplication at the Hilltown Municipal Building during established business hours of Monday-Friday, 8:00AM to 4:30PM, with the exception of weekends and holidays.

The Open Records Officer shall review all written requests, and as soon as possible, but no later than five business days after receiving a written request, the Open Records Officer shall respond to such requests in writing, consistent with Act 3 of 2008, the Right-to-Know Law.

Records requested (1) Must be accumulated during normal working hours of normal work load requirements; (2) The review of public records is performed within eyesight of an employee's workstation in order to protect Township documents from the possibility of theft, damage, and/or modification; and (3) An appointment will be set with the Township receptionist to view documents.

Cost: Black and white copies of documents requested are at a cost of \$.25 per page per side. The certification of a record is \$1.00 per record. Specialized documents including but not limited to blueprints, color copies, photographs, and non-standard sized documents shall be charged the actual cost of production or as specified in the Township's Fee Schedule as adopted by Resolution at the annual Supervisor's Reorganization Meeting. If mailing is requested, the cost of postage will be charged. The Township shall require pre-payment if the total fees are estimated to exceed \$100.00.

DATE RECORDS REQUESTED: _____

NAME OF REQUESTOR: _____

ADDRESS: _____

Phone Number: _____ E-Mail Address _____

SIGNATURE OF REQUESTOR: _____

RECORDS REQUESTED (Please be specific, provide as much detail as possible):

DO YOU WANT COPIES? YES _____ NO _____

DO YOU WANT TO INSPECT THE RECORDS? YES _____ NO _____

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES _____ NO _____

(Please do not write below this line,- Township use only)

DATE APPROVED BY RIGHT-TO-KNOW OFFICER _____

DATE RECEIVED BY HILLTOWN TOWNSHIP _____

HILLTOWN TOWNSHIP FIVE (5)-DAY RESPONSE DUE _____