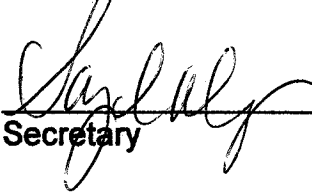


**WEST CALN TOWNSHIP  
RESOLUTION RE: OPEN RECORDS POLICY**


**WHEREAS**, the Board of Supervisors of the Township of West Caln, Chester County Pennsylvania, in compliance of Act 100 of 2002, the "Open Records Law", has drafted an Open Records Policy.


**NOW THEREFORE**, it is hereby **RESOLVED** that the Open Records Policy in the form attached to this Resolution is adopted as the official Open Records Policy of West Caln Township. Such Open Records Policy may be modified by further Resolution of the Board of Supervisors from time to time.

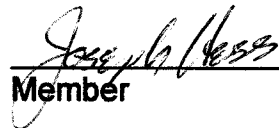
ATTEST:

  
Secretary

BOARD OF SUPERVISORS  
WEST CALN TOWNSHIP

  
Chairman

  
Member

  
Member

Dated: December 9, 2002

## **WEST CALN TOWNSHIP OPEN RECORDS POLICY**

### **Requests**

Public records will be available for inspection and copying at the West Caln Township Municipal Building during normal business hours, Monday thru Friday, 8:00 A.M. to 4:00 P.M. with the exception of holidays.

Requests shall be in writing the on the attached Record Request Form and directed to the Township Secretary at the West Caln Township Municipal Building, P.O. Box 175, Wagontown, PA 19376. Written requests shall be on a form provided by the Township and shall include the date of the request, the name and address of the requester, and a clear description of the records sought.

### **Fees**

The following fees shall apply to all requests for public records:

A.	Postage	Actual cost.
B.	Photo copies	\$.25 per 8 1/2" x 11" page copied. \$.50 per page for larger pages.
C.	Conversion of Electronically maintained records to paper	\$.25 per page converted.
D.	Certification	\$10.00 per document certified as an official public record, if requested.
E.	Research fee	\$25.00 per hour for researching records necessary to fulfill a request.
F.	Photograph reproduction	Actual cost of the reproduction plus \$20.00 per each photo order.
G.	Disk	If a disk is requested, it will be provided by the Township at the cost of \$1.00 per disk. A new disk will be necessary each time records are provided.
H.	Fax	\$0.50 per page.

Payment shall be made in cash or check, at the time of delivery of the public records requested. The Township will require prepayment if the total fees are estimated to exceed \$100.00.

### **Response**

The Township will make a good faith effort to provide the requested public records as promptly as feasible. Township employees shall cooperate with those requesting to review and/or duplicate original Township documents while taking reasonable measures to protect Township documents from the possibility of theft and/or

modification.

**Appeals Process**

If a written request is denied or deemed denied, the requester may file exceptions with the Board of Supervisors within 15 business days after the mailing date of the Township's denial. The exceptions shall state grounds on which the requestor asserts that the record is a public record and shall address any grounds stated by the Township for denying the request.

The Board of Supervisors shall make a "final determination" on the exceptions within 30 days of the mailing date of the exceptions. The Board of Supervisors may hold a hearing on the issue during the 30 days. If the Board determines that the denial was correct, it must provide a written explanation to the requester.

The requester may appeal a final determination to the Common Pleas Court of District Justice within 30 days of denial or final determination.

**WEST CALN TOWNSHIP  
RECORD REQUEST FORM**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DESCRIPTION OF RECORDS (For more space, continue on back)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSTRUCTIONS: PICK-UP    FAX    MAIL    DISK    E-MAIL

\_\_\_\_\_

SIGNATURE (When request is fulfilled) \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Copies \_\_\_\_\_ Postage \_\_\_\_\_ Disk \_\_\_\_\_ Fax \_\_\_\_\_

TOTAL COST \_\_\_\_\_; PAYMENT REC'D \_\_\_\_\_ (Initial)

DATE REQUEST FULFILLED \_\_\_\_\_

INITIALS OF STAFF MEMBER \_\_\_\_\_

DATE INFORMATION: Picked Up \_\_\_\_\_ Faxed \_\_\_\_\_ Mailed \_\_\_\_\_