

**East Hempfield Township
1700 Nissley Road, P.O. Box 128
Landisville, PA 17538
(717) 898-3100**

REQUEST FOR INSPECTION AND/OR DUPLICATION OF PUBLIC RECORDS

Requests for inspection and/or duplication of public records shall be made to the Township Secretary. Requests may be made in person at the Township office at 1700 Nissley Road, Landisville, Pennsylvania, during normal business hours (Monday through Friday from 8:00 a.m. to 4:00 p.m.); by mail to P.O. Box 128, Landisville, PA 17538; or by fax to (717) 898-9486.

The Township is not required to and will not compile lists, prepare summaries, or create documents that do not exist. The Township will provide access to and duplication of existing Township records which are public records under the Right to Know Law.

Name: _____

Address: _____

Daytime Telephone No.: _____ Email/Fax Number: _____

It is the intent of the Township to comply in all respects with the Pennsylvania Right to Know Law. In order to process a request for inspection and/or duplication of a public record, the Township requires sufficient and specific information to identify the record. The Township may deny a request if there is inadequate information for the Township to identify the specific record requested. Please provide as much of the following information as possible.

Type of document (e.g. ordinance, resolution, meeting minutes, etc.) _____

Subject of document (e.g. sewage system ordinance, building permit for a specifically identified property, Zoning Hearing Board decision, etc.): _____

Approximate date or dates of documents (should be within a three to six month time frame):

Please state any other information which you believe would assist the Township in identifying the public record which you seek_____

I wish to examine this public record at the Township office: _____Yes _____No

I wish to obtain a copy of this public record: _____Yes _____No

Unless otherwise requested, the Township will provide paper photocopies of public records. The Township does not guarantee a requested record is available or can be made available in any other format.

I wish a copy of the public record in the following format or media if possible:

I wish the Township to mail a copy of this record to me: _____Yes _____No

I wish the public record to be mailed to the following address:_____

I acknowledge that the Township will charge a fee to recover its costs incurred in the review of files, the duplication of public records, and the mailing of public records. I acknowledge that the Township does not have to provide me with copies (if any) I have requested until I pay the fee in full.

Date:_____

Signature:_____