



BOROUGH OF SELLERSVILLE

INCORPORATED DECEMBER 7, 1874



LOCATED ON THE LIBERTY BELL TRAIL

140 East Church Street

Phone (215) 257-5075

Fax (215) 257-6163

Sellersville, PA 18960

Website: <http://www.sellersvilleboro.org>

Thomas C. Hufnagle - Mayor, CBO
Brenda L. Detweiler - Manager/Secretary

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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.**

Form continues on page 2. Retain a copy of **both** pages.

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.

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

This request may be submitted in person, by mail, by facsimile, or e-mail to:
Borough Manager, 140 East Church Street, Sellersville, PA 18960
Fax: (215)257-6163
manager@sellersvilleboro.org

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: _____ Date Received: _____ Response Due (5 business days): _____
30-Day Ext.? Yes No (If Yes, Final Due Date: _____) Actual Response Date: _____
Request was: Granted Partially Granted & Denied Denied Cost to Requestor: \$ _____
 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.