

## **Posting at Station and on Website**

### **A. Contact information for the open-records officer:**

ORO: Chief Robert D. Malnofsky, Jr.  
SCCRPD, 220 Broad Street, New Bethlehem, PA 16242  
Police@SCCRPD.com, 814-275-1180, Fax: 814-275-2963.

### **B. Contact information for the Office of Open Records or other applicable appeals officer.**

Office of Open Records, 333 Market St., 16th Floor, Harrisburg, PA 17101-2234 or online at <https://www.openrecords.pa.gov>.

For Criminal Investigative records: Drew Welsh, District Attorney, [dwelsh@clarioncounty.gov](mailto:dwelsh@clarioncounty.gov), 14 Liberty Street, Clarion, PA 16214 Telephone: (814) 226-4423 Fax: (814) 226-0768

**C. Forms which may be used to file a request.** See attached OOR RTKL form and Act 22 form in Appendix A.

### **D. Regulations, policies and procedures.**

1. All requests for public records of SCCRPD under this policy shall be submitted in writing to the Open Records Officer in person, by mail, by e-mail, or by facsimile on the form developed by the Commonwealth of PA Office of Open Records as attached hereto.
2. All requests shall specifically identify and describe each public record requested.
3. All requests shall include the date of the request; the requestor's name, address, email and telephone number; the address to which the response should be sent if different; certification of United States residency; signature of requestor.
4. Anonymous requests or requests not complying with these requirements shall not be accepted.
5. If duplication is requested, appropriate payment is required as calculated by the Open Records Officer or his agents in compliance with the fee schedules established by the Commonwealth's Office of Open Records. Postage is charged at actual cost. Duplication costs over \$100 must be paid at the time of request.



## APPENDIX A

# 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:** Southern Clarion County Regional Police Department (Attn: ORO)

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 SCCRPD 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.***

## Law Enforcement Recording Request Form – Act 22 of 2017

*This form can be used to request law enforcement recordings (“any audio recording or video recording made by a law enforcement agency”) under Act 22 of 2017. Note that the Right-to-Know Law does not apply to such recordings. Any denials must be appealed to the appropriate Court of Common Pleas, **not** the Office of Open Records.*

**SUBMITTED TO AGENCY NAME:** Southern Clarion County Regional Police Department (Attn: ORO)

Date of Request: \_\_\_\_\_ Submitted via: ☐ U.S. Mail ☐ In Person  
(Act 22 requires requests to be submitted via “personal delivery or certified mail.”)

### PERSON MAKING REQUEST:

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

How do you prefer to be contacted if SCCRPD has questions? ☐ Telephone ☐ Email ☐ U.S. Mail

**RECORDING REQUESTED:** Requests must be submitted within **60 days** of the event recorded. **All of the following information is required.** Be thorough; use additional pages if necessary.

Date and Time of the Event: \_\_\_\_\_

Location of the Event: \_\_\_\_\_

Describe the Event: \_\_\_\_\_

Describe Your Relationship to the Event: \_\_\_\_\_

If the Event Occurred in a Residence, Identify All People Present (unless unknown & not reasonably ascertainable):  
\_\_\_\_\_  
\_\_\_\_\_

*If an Act 22 request is granted, the agency may charge “reasonable fees” to provide a copy of the recording.*

**Please notify me if fees associated with this request will be more than ☐ \$100 .**

### ITEMS BELOW THIS LINE FOR SCCRPD USE ONLY

Tracking: \_\_\_\_\_ Date Received: \_\_\_\_\_ Response Due (30 cal. days): \_\_\_\_\_  
Extension? ☐ Yes ☐ No (If Yes, Final Due Date: \_\_\_\_\_) Actual Response Date: \_\_\_\_\_

Request was: ☐ Granted ☐ Partially Granted & Denied ☐ Denied Cost to Requester: \$ \_\_\_\_\_

**NOTE:** In most cases, a completed Request Form is a public record.  
More information about Act 22 is available at <https://www.openrecords.pa.gov>

Form updated March 16, 2020  
by the Office of Open Records