



pennsylvania

OFFICE OF OPEN RECORDS

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 11/4/2016

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): Donegal Township Municipal Office PO Box 310
West Alexander PA, 15376

NAME OF REQUESTER : Kathleen Wright Croft

STREET ADDRESS:

CITY/STATE/COUNTY/ZIP(Required): West Alexander, PA 15376

TELEPHONE (Optional):

EMAIL (optional):

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information.
Please use additional sheets if necessary*

- 1) Any and all emails between Tom Bibby and Donegal Township Secretaries, Township Supervisors, Township Manager and Gary Sweat law office.
- 2) Any and all texts between Tom Bibby and Donegal Township Secretaries, Township Supervisors, Township Manager and Gary Sweat law office.
- 3) A record of any and all calls to and from Tom Bibby's phone that were made to residents
of Donegal Township and from residents of Donegal Township.

DO YOU WANT COPIES? YES NO - I prefer electronic copies where applicable. Otherwise I will use my own equipment to scan.

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER:

I have provided notice to appropriate third parties and given them an opportunity to object to this request



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STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 11/10/2016

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): Donegal Township Municipal Office PO Box 310
West Alexander PA, 15376

NAME OF REQUESTER : Kathleen Wright Croft

STREET ADDRESS:

CITY/STATE/COUNTY/ZIP(Required): West Alexander, PA 15376

TELEPHONE (Optional):

EMAIL (optional):

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information.
Please use additional sheets if necessary*

- 1) Any and all video from cameras in the gymnasium of the Donegal Township Municipal Building the night of November 9th, 2016 from 7pm until 11:00pm.

DO YOU WANT COPIES? YES NO - I will provide a hard drive that the video can be scanned onto.

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES NO

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OPEN-RECORDS OFFICER:

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DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*