



City of Meadville
Crawford County, Pennsylvania

Open Records / Right to Know Policy

Open Records Officer

Maryann Menanno
894 Diamond Park
Meadville, PA 16335

Phone: 814-724-6000
Fax: 814-333-3353

Requests for Records shall be submitted in writing to Open Records Officer by:

- Email to right-to-know@cityofmeadville.org **OR**
- Fax to above number: **OR**
- Mail or Delivery to: Meadville City Building
894 Diamond Park
Meadville, PA 16335

Between the hours of: 9:00am - 4:00pm, Monday - Friday

Please use the attached form

Fees: The following fees will be payable for copies of public records for delivery of the records:

Record Type / Delivery Method	Fee
Black & White Copies (first 1,000)	Up to \$0.25 per copy.
Black & White Copies (beyond 1,000)	Up to \$0.20 per copy.
Color Copies	Up to \$0.50 per copy.
Specialized Documents	Up to actual cost.
Records Delivered via Email	No additional fee may be imposed.
CD / DVD	Up to actual cost, not to exceed \$1.00 per disc.
Flash Drive	Up to actual cost.
Facsimile	Up to actual cost.
Other Media	Up to actual cost.
Redaction	No additional fee may be imposed.
Conversion to Paper	Up to \$0.25 per page.
Photographing a Record	No additional fee may be imposed.
Postage	Up to actual cost of USPS first-class postage.
Certification	Up to \$5.00 per record.

Response

The Open Records Office will respond in consultation with the Solicitor, as appropriate, in accordance with the requirements of the Right to Know Law. Requests shall be reviewed as soon as possible, and a response shall be made within five (5) business days. Whenever feasible, a records inspection (if requested) or copies of the records requested shall be made available within five (5) business days. If access to certain records is denied, the response will indicate the reasons.

Appeals

If a written request is denied or deemed denied, the requestor may file an appeal in writing to:

Executive Director
Office of Open Records
333 Market Street, 16th Floor
Harrisburg, PA 17101-2234

Appeals of requests for criminal records shall be made to:

Paula Digiacomo, District Attorney
Crawford County Judicial Center
359 East Center Street
Meadville, PA 16335-2602

An appeal shall be filed within fifteen (15) days of the mailing date of the City of Meadville's response or with fifteen (15) business days of the deemed denial. The appeal shall state the grounds upon which the requestor asserts the record(s) is/are a public record and shall address any grounds stated by the City for delaying or denying the request.



Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it is required should an appeal be necessary. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED TO AGENCY NAME: _____ (Attn: AORO)

Date of Request: _____ Submitted via: Email U.S. Mail Fax In Person

PERSON MAKING REQUEST:

Name: _____ Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

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

RECORDS REQUESTED: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. Use additional sheets if necessary. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.*

DO YOU WANT COPIES? Yes, electronic copies preferred if available
 Yes, printed copies preferred
 No, in-person inspection of records preferred (*may request copies later*)

Do you want **certified copies**? Yes (*may be subject to additional costs*) No
RTKL requests may require payment or prepayment of fees. See the [Official RTKL Fee Schedule](#) for more details.

Please notify me if fees associated with this request will be more than \$100 (or) \$_____.

ITEMS BELOW THIS LINE FOR AGENCY 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.