

**dortwp@pa.metrocast.net**

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**From:** Alice Frantz, CZO <afrantz@barryisett.com>  
**Sent:** Monday, May 19, 2025 8:15 AM  
**To:** dortwp@pa.metrocast.net  
**Subject:** RE: Right to Know Request

I don't have anything in our files for that address. Enjoy your day!

*Thank you!*

**From:** dortwp@pa.metrocast.net <dortwp@pa.metrocast.net>  
**Sent:** Monday, May 19, 2025 8:12 AM  
**To:** Alice Frantz, CZO <afrantz@barryisett.com>  
**Subject:** Right to Know Request

**Caution:** This is an external email. If unexpected, do not click on links or open attachments unless you have confirmed the sender.

Good morning,

We received a "right to know" request asking for any building permits, code violations and special assessment fees for the property of;

1196 Prospect Rd Mountain Top Pa 18707, Owner, Craig Windt.

Could you please let me know if/what you may have for the address.

Thank you!

Kelly Haffner  
Secretary/Treasurer  
Dorrance Township  
7844 Blue Ridge Trail  
Mountain Top, PA 18707  
Phone: 570-868-6394  
Fax: 570-868-5909

This communication, including any attachments, is intended solely for the use of the addressee and may contain information which is privileged, confidential, exempt from disclosure under applicable law or subject to copyright. If you are not an intended recipient, any use, disclosure, distribution, reproduction, review or copying is unauthorized and may be unlawful. If you have received this transmission in error, please notify the sender immediately. Thank you.



Pennsylvania  
Office of Open Records

mm  
Email  
5-19-25

## 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: DORRANCE TOWNSHIP (Attn: AORO)

Date Request Submitted: 05-16-2025 Submitted via: ☐ Email ☐ U.S. Mail ☐ Fax ☐ In Person

**PERSON MAKING REQUEST:**

Full Name: Evan Foster

Company (if applicable): Proplogix

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: Evan.foster@proplogix.com

Mailing Address: 5901 N Honore Ave Suite 200

City: Sarasota State: FL Zip: 34243 Telephone: 302-261-9069

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.

Hello,

Our firm has been requested to research the referenced property for any BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on the below property

Address: 1196 PROSPECT RD , MOUNTAIN TOP PA 18707

Parcel: 12-N8-00A-04A

Owner: CRAIG WINDT

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 AGENCY USE ONLY**

Tracking: \_\_\_\_\_ Date Received: 5-19-25 Response Due (5 bus. days): 5-26-25

30-Day Ext.?   ☐ Yes   ☒ No (If Yes, Final Due Date: \_\_\_\_\_) Actual Response Date: 5-19-25

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.***