



RIGHT-TO-KNOW LAW ("RTKL")
APPEAL OF DENIAL, PARTIAL DENIAL, OR DEEMED DENIAL

Office of Open Records ("OOR")
Email: openrecords@pa.gov
Fax: (717) 425-5343

Commonwealth Keystone Building
400 North St., 4th Floor
Harrisburg, PA 17120-0225

Today's Date: _____

Requester Name(s): _____

Address/City/State/Zip: _____

Email: _____ Phone/Fax: _____/_____

Request Submitted to Agency Via: [] Email [] Mail [] Fax [] In-Person (check only one)

Date of Request: _____ Date of Response: _____ [] Check if no response

Name of Agency: _____

Address/City/State/Zip: _____

Email: _____ Phone/Fax: _____/_____

Name & Title of Person Who Denied Request (if any): _____

I was denied access to the following records (REQUIRED. Use additional pages if necessary): _____

I requested the listed records from the Agency named above. By signing below, I am appealing the Agency's denial, partial denial, or deemed denial because the requested records are public records in the possession, custody or control of the Agency; the records do not qualify for any exemptions under § 708 of the RTKL, are not protected by a privilege, and are not exempt under any Federal or State law or regulation; and the request was sufficiently specific.

I am also appealing for the following reasons (Optional. Use additional pages if necessary): _____

- [] I have attached a copy of my request for records. (REQUIRED)
[] I have attached a copy of all responses from the Agency regarding my request. (REQUIRED)
[] I have attached any letters or notices extending the Agency's time to respond to my request.
[] I hereby agree to permit the OOR an additional thirty (30) days to issue a final order.
[] I am interested in resolving this appeal through OOR mediation. I agree to permit the OOR thirty (30) days from the conclusion of the mediation process to issue a final determination.

Respectfully submitted, _____ (SIGNATURE REQUIRED)

You should provide the Agency with a copy of this form and any documents you submit to the OOR.