



**RIGHT TO KNOW LAW APPEAL
DENIAL OR PARTIAL DENIAL**

Office of Open Records
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225
Fax: (717) 425-5343 E-mail: openrecords@pa.gov

Today's date: _____

Requester's name: _____

Address/City/State/Zip: _____

Request submitted by: Fax Mail E-mail In-Person (Please check one)

Date of Right to Know request: _____ Date of Agency Response: _____

Telephone and fax number: _____ / _____ E-mail: _____

Name and address of Agency: _____

E-mail Address of Agency _____ Fax of Agency _____

Name and title of person who denied my request: _____

I submitted a request for records to the agency named above. The agency either denied or partially denied my request. I am appealing that denial to the Office of Open Records (OOR), and I am providing the following information:

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

The agency's denial of my request is flawed and the requested records are public records because (check all that apply) **(REQUIRED)**:

- the records document the receipt or use of agency funds.
- the records are in the possession, custody or control of the agency and are not protected by any exemptions under Section 708 of the Right-to-Know Law, are not protected by privilege, and are not exempted under any Federal or State law or regulation.
- Other _____
(attach 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 in this appeal.

Respectfully Submitted, _____ (must be signed)

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