

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

Office of Open Records ("OOR") 333 Market Street, 16th Floor Email: openrecords@pa.gov Harrisburg, PA 17101-2234 Fax: (717) 425-5343 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) 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 <u>all</u> responses from the Agency regarding my request. (<u>REQUIRED</u>) □ 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 30 days to issue a final order. □ I am interested in resolving this issue through OOR mediation. This stays the initial OOR deadline for the issuance of a final determination. If mediation is unsuccessful, the OOR has 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.