Pennsylvania
Office of Open Records

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: _____ (Attn: AORO)

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

PERSON MAKING REQUEST:

Full Name: _____

Company (if applicable): _____

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: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

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.*

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 <u>*Official RTKL Fee Schedule*</u> *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 <u>certified copies</u>? □ Yes (*may be subject to additional costs*) □ No

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.

Retain a copy of <u>both</u> pages of this Form.