

## 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	,	333 Market Street, 16 <sup>th</sup> Floor Harrisburg, PA 17101-2234
Today's Date:		٥,
Email:	Phone/Fax:	/
Request Submitted to Agency Via:	: □ Email □ Mail □ Fax □ In-Person	n (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 Deni	ied Request (if any):	
denial, partial denial, or deemed of custody or control of the Agency; to not protected by a privilege, and an was sufficiently specific.	the Agency named above. By signing I denial because the requested records at the records do not qualify for any exempt re not exempt under any Federal or Star	re public records in the possession, otions under § 708 of the RTKL, are the law or regulation; and the request
I am also appealing for the follows	ng reasons (Optional. Use additional p	ages if necessary):
☐ I have attached a copy of my	request for records. ( <b>REQUIRED</b> )	
$\Box$ I have attached a copy of <u>all</u>	responses from the Agency regarding r	ny request. ( <u><b>REQUIRED</b></u> )
$\square$ I have attached any letters or	notices extending the Agency's time to	o respond to my request.
	OOR an additional 30 days to issue a fi	
the issuance of a final determ	this issue through OOR mediation. This nination. If mediation is unsuccessful, to 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.