



**RIGHT-TO-KNOW LAW (“RTKL”)  
APPEAL OF DENIAL, PARTIAL DENIAL, OR DEEMED DENIAL**

**Office of Open Records (“OOR”)**

Email: [openrecords@pa.gov](mailto: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 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.**