



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

Office of Open Records  
Commonwealth Keystone Building  
400 North Street, 4<sup>th</sup> Floor  
Harrisburg, PA 17120-0225  
Fax: (717) 425-5343 E-mail: [openrecords@pa.gov](mailto: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 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 subject to the exemptions cited by the agency.
- Other \_\_\_\_\_

The agency denied my request and I believe the denial was incorrect because (address EACH reason the agency gives for denying your request, attach additional pages if necessary) (**REQUIRED**):

- 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.

Respectfully Submitted, \_\_\_\_\_ (must be signed)

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