**[INSERT AGENCY LETTERHEAD]**

**Attestation OF NONEXISTENCE OF RECORDS**

**Name of Requester:** [INSERT NAME OF REQUESTER]

**Records Requested:** [INSERT DESCRIPTION OF REQUEST]

**Appeal Caption:** [INSERT OOR CAPTION AND DOCKET NUMBER]

I, [INSERT NAME OF OPEN RECORDS OFFICER], hereby declare, pursuant to 18 Pa.C.S. § 4904, that the following statements are true and correct based upon my personal knowledge information and belief:

1. I serve as the Open Records Officer for the [INSERT NAME OF AGENCY] (“Agency”).
2. I am responsible for responding to Right-to-Know requests filed with the Agency.
3. In my capacity as the Open Records Officer, I am familiar with the records of the Agency.
4. Upon receipt of the request, I conducted a thorough examination of files in the possession, custody and control of the Agency for records responsive to the request underlying this appeal.
5. Additionally, I have inquired with relevant Agency personnel and, if applicable, relevant third party contractors as to whether the requested records exist in their possession.
6. After conducting a good faith search of the Agency’s files and inquiring with relevant Agency personnel, I have made the determination that the records requested do not exist within the Agency’s possession, custody or control.
7. It is understood that this does not mean that the requested records do not exist within another agency’s possession custody or control.

Date: Click here to enter a date. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [INSERT NAME OF OPEN RECORDS OFFICER]

 Open Records Officer

 [INSERT NAME OF AGENCY]