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, 16th Floor
Harrisburg, PA 17101-2234

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.

OOR Appeal Form – Revised January 4, 2016