REQUEST TO PARTICIPATE BEFORE THE OOR

THIS FORM MAY ALSO BE SUBMITTED ELECTRONICALLY at https://www.openrecords.pa.gov/Appeals/DIPRequest.cfm

Please accept this as a Request to Participate in a currently pending appeal before the Office of Open Records. The statements made herein and in any attachments are true and correct to the best of my knowledge, information and belief. I understand this statement is made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsifications to authorities.

NOTE: The requester filing the appeal with the OOR is a named party in the proceeding and is NOT required to complete this form.

OOR Docket No: _____

Today's date: _____

Name:____

PUBLIC RECORD NOTICE: ALL FILINGS WITH THE OOR WILL BE PUBLIC RECORDS AND SUBJECT TO PUBLIC ACCESS WITH LIMITED EXCEPTION. IF YOU DO NOT WANT TO INCLUDE PERSONAL CONTACT INFORMATION IN A PUBLICLY ACCESSIBLE RECORD, PLEASE PROVIDE ALTERNATE CONTACT INFORMATION IN ORDER TO RECEIVE FUTURE CORRESPONDENCE RELATED TO THIS APPEAL.

Address/City/State/Zip	
E-mail	
Fax Number:	
Name of Requester:	
Address/City/State/Zip	
Felephone/Fax Number: ///////	
E-mail	
Name of Agency:	
Address/City/State/Zip	
Felephone/Fax Number: /////	
E-mail	
Record at issue:	
have a direct interest in the record(s) at issue as (check all that apply):	
\Box An employee of the agency	
\Box The owner of a record containing confidential or proprietary information or trademarked rec	ords
\Box A contractor or vendor	
\Box Other: (attach additional pages if necessary)	
I have attached a copy of all evidence and arguments I wish to submit in support of my position.	
Respectfully submitted,(must be signed)	

Please submit this form to the Appeals Officer assigned to the appeal through the E-File Portal. The Office of Open Records will not consider direct interest filings submitted after a Final Determination has been issued in the appeal.