_____ _____

Official Use Only – RTKL Appeal Date Received *Official Use Only – Due Date*

PENNSYLVANIA OFFICE OF ATTORNEY GENERAL
RIGHT-TO-KNOW APPEAL OFFICER
LEGAL REVIEW SECTION
15TH FLOOR – STRAWBERRY SQUARE
HARRISBURG, PA 17120
www.attorneygeneral.gov/r2k.aspx

RIGHT-TO-KNOW LAW APPEAL FORM

I am appealing the denial or partial denial of my request for records and provide the following information in accordance with the Pennsylvania Right to Know Law, 65 P.S. §67.101 et seq.

Please print all information legibly.

Name of Requestor: _____
Last First Initial

Mailing Address: _____
Street/P.O. Box Apt. No.

_____
City State Zip Code

Telephone Number: _____ **Fax Number**: _____
optional *optional*

Email address: _____
optional

Date of request: _____ Date of Agency Response: _____

Description of records requested: _____
_____
_____

Reasons asserted that the record is a public record: _____
_____
_____

Grounds stated for Agency denial or partial denial of request: _____
_____
_____

Please visit www.attorneygeneral.gov for more information about the Office of Attorney General.