

Official Use Only – RTKL
Appeal Date Received

Official Use Only – Due Date

PENNSYLVANIA OFFICE OF ATTORNEY GENERAL
RIGHT-TO-KNOW APPEAL OFFICER
CIVIL LITIGATION SECTION
15TH FLOOR – STRAWBERRY SQUARE
HARRISBURG, PA 17120

<https://www.attorneygeneral.gov/The Office/Right to Know Law/>

RIGHT-TO-KNOW 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.