

## RIGHT TO KNOW LAW APPEAL DENIAL OR PARTIAL DENIAL

Office of Open Records Commonwealth Keystone Building 400 North Street, 4<sup>th</sup> Floor Harrisburg, PA 17120-0225

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Harrisburg, PA 17120-0225	T 1 2 1 4
Fax: (717) 425-5343 E-mail: openrecords@pa.gov	Today's date:
Requester's name:	
Address/City/State/Zip:	
Request submitted by:   Fax   Mail   E-mail   In-P	
Date of Right to Know request: Da	· · · · · · · · · · · · · · · · · · ·
Telephone and fax number:/	
Name and address of Agency	
Name and address of Agency:	Fav of Agency
E-mail Address of AgencyName and title of person who denied my request:	rax or Agency
I submitted a request for records to the agency named	above. The agency either denied or partially
denied my request. I am appealing that denial to the	e Office of Open Records (OOR), and I am
providing the following information:	
I was denied access to the following records (attach addi	tional pages if necessary):
(check all that apply) ( <b>REQUIRED</b> ):  ☐ the records document the receipt or use of ager  ☐ the records are in the possession, custody or of any exemptions under Section 708 of the privilege, and are not exempted under any Fed  ☐ Other	control of the agency and are not protected by Right-to-Know Law, are not protected by leral or State law or regulation.
☐ I have attached a copy of my request for records. (☐ I have attached a copy of all responses from the ag	gency regarding my request. (REQUIRED)
<ul> <li>□ I have attached any letters or notices extending the</li> <li>□ I hereby agree to permit the OOR an additional thi appeal.</li> </ul>	
Respectfully Submitted,	(must be signed)