

Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED TO AGENCY NAME:			(Attn: AORO)
Date of Request:	Submitted via: 🛛	Email U.S. Mail	☐ Fax ☐ In Person
PERSON MAKING REQUEST:			
Name:	Company (if app	olicable):	
Mailing Address:			
City: State:	Zip: Em	ıail:	
Telephone:	Fax:		
How do you prefer to be contacted if the	e agency has questions? [☐ Telephone ☐ Em	ail 🛘 U.S. Mail
RECORDS REQUESTED: Be clear and commatter, time frame, and type of record or parare not required to explain why the records at Use additional pages if necessary.	rty names. RTKL requests sho	ould seek records, not o	ask questions. Requesters
DO YOU WANT COPIES? ☐ Yes, printe☐ Yes, electr	ed copies (<i>default if none d</i>		
<u>-</u>	son inspection of records		ıest copies later)
Do you want <u>certified copies</u> ? \square Yes (<i>m RTKL requests may require payment or p</i> Please notify me if fees associated wi	repayment of fees. See the	<u>Official RTKL Fee Scl</u>	-
ITEMS BELO	OW THIS LINE FOR AGEN	ICY USE ONLY	
Tracking: Date Receiv	ed:Res	ponse Due (5 bus. da	ays):
30-Day Ext.? \square Yes \square No (If Yes, Final I	Oue Date:	_) Actual Response [)ate:
Request was: \square Granted \square Partially G	ranted & Denied 🛚 Deni	ed Cost to Request	er: \$
\square Appropriate third parties notified and	d given an opportunity to	object to the release	e of requested records.