

## Standard Right-to-Know Law Request Form

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

| SUBMITTED TO AGENC  | Y NAME:   |                          |                   |                            | (Attn:     | AORO)     |
|---|---|--------------------------|-------------------|----------------------------|------------|-----------|
| Date of Request:<br>Person  | ;   | Submitted via:           | □ Email           | □ U.S. Mail                | ☐ Fax      | □ In      |
| PERSON MAKING REQU  | EST:  |                          |                   |                            |            |           |
| Name:   | Company (if applicable):  |                          |                   |                            |            |           |
| Mailing Address:  |   |                          |                   |                            |            |           |
| City:   | State: Zip  | : E                      | mail:             |                            |            |           |
| Telephone:<br>How do you prefer to be   | contacted if the agency   | Fax: _<br>has questions? | ☐ Telepho         | ne 🗆 Email 🗆               | U.S. Mail  |           |
| matter, time frame, and type records, not ask questions. I records unless otherwise req | Requesters are not require  |                          | ,                 | •                          | •          |           |
| DO YOU WANT COPIES?   | □ Yes, electronic copies preferred if available □ Yes, printed copies preferred |                          |                   |                            |            |           |
| Do you want <u>certified cop</u> <i>RTKL requests may requests may requests.</i>        |   | bject to addition        | nal costs) $\Box$ | No                         |            |           |
| Please notify me if fees  | associated with this r  | equest will be           | more than         | □ \$100 (or) □             | ] \$       | <u></u> . |
|   | ITEMS BELOW THI   | IS LINE FOR AGE          | NCY USE ON        | LY                         |            |           |
| Tracking:   | Date Received:  | Re                       | sponse Due        | (5 bus. days): _           |            |           |
| 30-Day Ext.? □ Yes □ No   | (If Yes, Final Due Date   | e:                       | ) Actual R        | esponse Date: <sub>-</sub> |            |           |
| Request was: ☐ Granted  | ☐ Partially Granted &   | & Denied □ De            | nied Cost to      | o Requester: \$_           |            |           |
| ☐ Appropriate third par   | ties notified and given a   | an opportunity t         | o object to t     | he release of re           | quested re | ecords.   |