



## Standard Right-to-Know Law Request Form

Please read carefully. Complete this form and retain a copy of **both** pages; this copy may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied. More information about the RTKL is available at <https://www.openrecords.pa.gov>. In most cases, a completed RTKL request form is a public record.

SUBMITTED TO AGENCY NAME: \_\_\_\_\_ (Attn: AORO)

Date Request Submitted: \_\_\_\_\_ Submitted via:  Email  U.S. Mail  Fax  In Person

### PERSON MAKING REQUEST:

Full Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Please send response via:  Email  U.S. Mail

*If you wish to obtain records that only exist in hard copy, or must be provided on an electronic storage device, you may be required to provide a mailing address to the agency. See Section 703.*

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

How do you prefer to be contacted if the agency has questions?  Telephone  Email  U.S. Mail

**By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.**

**RECORDS REQUESTED:** Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary.

*Form continues on page 2. Retain a copy of **both** pages.*

**RECORDS REQUESTED (continued):**

**DO YOU WANT COPIES?**    Yes, printed    Yes, electronic    No, in-person inspection

*Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701. Your request may require payment or prepayment of fees. View the Official RTKL Fee Schedule for more details.*

**I understand that my request may incur fees. Notify me before further processing if fees will be more than**  **\$100 (or)**  **\$\_\_\_\_\_.**

Do you want certified copies?    Yes (*may be subject to additional costs*)    No

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**ITEMS BELOW THIS LINE FOR AGENCY USE ONLY**

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Tracking: \_\_\_\_\_ Date Received: \_\_\_\_\_ Response Due (5 bus. days): \_\_\_\_\_

30-Day Ext.?    Yes    No (If Yes, Final Due Date: \_\_\_\_\_) Actual Response Date: \_\_\_\_\_

Request was:    Granted    Partially Granted & Denied    Denied   Cost to Requester:  
\$ \_\_\_\_\_

Appropriate third parties notified and given an opportunity to object to the release of requested records.

***Retain a copy of both pages of this Form.***