

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 applicable):
Mailing Address:	
City: State:	Zip: Email:
Telephone:	Fax:
How do you prefer to be contacted if	the agency has questions? $\ \square$ Telephone $\ \square$ Email $\ \square$ U.S. Mail
matter, time frame, and type of record or	d concise. Provide as much specific detail as possible, ideally including subject party names. RTKL requests should seek records, not ask questions. Requesters ds are sought or the intended use of the records unless otherwise required by law.
	inted copies ($default$ if none are $checked$) 0.25 $cents$ for page ectronic copies preferred if available
•	person inspection of records preferred (may request copies later)
RTKL requests may require payment of	(may be subject to additional costs) \square No or prepayment of fees. See the <u>Official RTKL Fee Schedule</u> for more details. with this request will be more than \square \$100 (or) \square \$
	ELOW THIS LINE FOR AGENCY USE ONLY
Tracking: Date Rec	eived: Response Due (5 bus. days):
30-Day Ext.? ☐ Yes ☐ No (If Yes, Fin	al Due Date:) Actual Response Date:
Request was: ☐ Granted ☐ Partial	y Granted & Denied
\square Appropriate third parties notified	and given an opportunity to object to the release of requested records.