Official Use Only – Due Date

Official Use Only – RTKL Appeal Date Received

PENNSYLVANIA OFFICE OF ATTORNEY GENERAL RIGHT-TO-KNOW APPEAL OFFICER 16TH FLOOR – STRAWBERRY SQUARE HARRISBURG, PA 17120 www.attorneygeneral.gov/r2k.aspx

RIGHT-TO-KNOW LAW APPEAL FORM

I am appealing the denial or partial denial of my request for records and provide the following information in accordance with the Pennsylvania Right to Know Law, 65 P.S. §67.101 <u>et seq</u>.

Please print all information legibly.

Name of Requestor:			
	Last	First	Initial
Mailing Address:			
	Street/P.O. Box		Apt. No.
_	City	State	Zip Code
Telephone Number:		Fax Number:	
	optional		optional
Date of request:	Date of Agency Response:		
Description of records re	equested:		
Reasons asserted that the	e record is a public record	d:	
Grounds stated for Agen	ev denial or partial denig	al of request:	
Orounus stated for Agen	icy definat of partial defina	ai oi iequest	

Please visit <u>www.attorneygeneral.gov</u> for more information about the Office of Attorney General.