

## 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 AGENCY NAME:	(Attn: AORO)
Date of Request:	Submitted via:
PERSON MAKING REQUEST:	
Name:	Company (if applicable):
Mailing Address:	
City: State: _	Zip: Email:
Telephone:	Fax:
How do you prefer to be contacted if t	he agency has questions? □ Telephone □ Email □ U.S. Mail
matter, time frame, and type of record or	concise. Provide as much specific detail as possible, ideally including subject party names. Use additional sheets if necessary. RTKL requests should seek not required to explain why the records are sought or the intended use of the
☐ No, in-p Do you want <u>certified copies</u> ? ☐ Yes ( RTKL requests may require payment or Please notify me if fees associated v	nted copies preferred erson inspection of records preferred (may request copies later) (may be subject to additional costs) $\square$ No reprepayment of fees. See the Official RTKL Fee Schedule for more details. with this request will be more than $\square$ \$100 (or) $\square$ \$
ITEMS BE	LOW THIS LINE FOR AGENCY USE ONLY
Tracking: Date Rece	ived: Response Due (5 bus. days):
30-Day Ext.? $\square$ Yes $\square$ No (If Yes, Fina	l Due Date:) Actual Response Date:
Request was: $\square$ Granted $\square$ Partially	Granted & Denied
$\square$ Appropriate third parties notified a	and given an opportunity to object to the release of requested records.