



## 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.***