

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 ap	plicable):	
Mailing Address:			
City: State:	Zip: Er	nail:	
Telephone:	Fax:		
How do you prefer to be contacted if the	agency has questions?	☐ Telephone ☐ Em	nail 🗆 U.S. Mail
RECORDS REQUESTED: Be clear and commatter, time frame, and type of record or part are not required to explain why the records are Use additional pages if necessary.	ty names. RTKL requests sh	hould seek records, not	ask questions. Requesters
DO YOU WANT COPIES? ☐ Yes, printed ☐ Yes, electro	d copies (<i>default if none</i>		
	on inspection of records		uest copies later)
Do you want <u>certified copies</u> ? ☐ Yes (ma RTKL requests may require payment or proplement of the Please notify me if fees associated with	epayment of fees. See the	e <u>Official RTKL Fee Sc</u>	=
ITEMS BELO	W THIS LINE FOR AGE	NCY USE ONLY	
Tracking: Date Receive	d: Res	sponse Due (5 bus. d	ays):
30-Day Ext.? \square Yes \square No (If Yes, Final Du	ue Date:	_) Actual Response I	Date:
Request was: \square Granted \square Partially Gr	anted & Denied 🛚 Den	ied Cost to Request	ter: \$
$\hfill\Box$ Appropriate third parties notified and	given an opportunity to	object to the releas	e of requested records.