Office of Open Records ("OOR")
Email: openrecords@pa.gov
Fax: (717) 425-5343
333 Market Street, 16th Floor
Harrisburg, PA 17101-2234

Today’s Date: _____________________________

Requester Name(s): _____________________________________________________________________
Address/City/State/Zip: ___________________________________________________________________
Email: ____________________________________ Phone/Fax: _______________________/________________

Request Submitted to Agency Via: □ Email □ Mail □ Fax □ In-Person (check only one)
Date of Request: __________________ Date of Response: __________________ □ Check if no response

Name of Agency:
_____________________________________________________________________________________
Address/City/State/Zip: __________________________________________________________________
Email: ____________________________________ Phone/Fax: _______________________/________________

Name & Title of Person Who Denied Request (if any): ___________________________________________

I was denied access to the following records (REQUIRED. Use additional pages if necessary):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

I requested the listed records from the Agency named above. By signing below, I am appealing the Agency’s
denial, partial denial, or deemed denial because the requested records are public records in the possession,
custody or control of the Agency; the records do not qualify for any exemptions under § 708 of the RTKL, are
not protected by a privilege, and are not exempt under any Federal or State law or regulation; and the request
was sufficiently specific.

I am also appealing for the following reasons (Optional. Use additional pages if necessary):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

□ I have attached a copy of my request for records. (REQUIRED)
□ I have attached a copy of all responses from the Agency regarding my request. (REQUIRED)
□ I have attached any letters or notices extending the Agency’s time to respond to my request.
□ I hereby agree to permit the OOR an additional 30 days to issue a final order.
□ I am interested in resolving this issue through OOR mediation. This stays the initial OOR deadline for
the issuance of a final determination. If mediation is unsuccessful, the OOR has 30 days from the
conclusion of the mediation process to issue a final determination.

Respectfully submitted, ___________________________________________ (SIGNATURE REQUIRED)

You should provide the Agency with a copy of this form and any documents you submit to the OOR.