Executive Director  
Office of Open Records  
Commonwealth Keystone Building  
400 North Street, Plaza Level  
Harrisburg, PA 17120-0225

Re: Right to Know Law Appeal - Denial or Partial Denial by Agency

Dear ___________________________: 

This is an appeal under the Pennsylvania Right to Know Law, 65 P.S. §67.101. I requested documents from [insert name of Agency]. The Agency denied or partially denied my request for information. I am appealing the denial of my request, under section 1101 of the Law and provide the following information in accordance with the Law: 

Requester’s name: ____________________________
Address: ____________________________________
Date of Right to Know request: _______________
Date of Response: ___________________________
Telephone and fax number: ____________________
Concise statement of facts:

Name and address of Agency: ________________________________

Name and title of the Agency official who denied the request for information:

____________________________________________________________________

Description of the records requested: ____________________________

____________________________________________________________________

List any grounds upon which the requester asserts that the record is a public record:

____________________________________________________________________

Address any grounds relied upon by the Agency for denial of the request:

____________________________________________________________________

Respectfully Submitted,

________________________________________(must be signed)