

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:	□ Email	□ U.S. Mail	☐ Fax	□ In Person
PERSON MAKING REQUE	ST:					
Name:	Company (if applicable):					
Mailing Address:						
City:	State:	Zip:	Email:			
Telephone:		Fax:				
How do you prefer to be co	ontacted if the a	agency has questions	:? □ Telep	ohone 🗆 Ema	ail 🗆 U.	S. Mail
matter, time frame, and type records, not ask questions. Re records unless otherwise requ	of record or par questers are not	rty names. Use additio	nal sheets i	f necessary. RT	KL reque	sts should seek
DO YOU WANT COPIES?	\square Yes, printed	l copies preferred			ant navis	o latou)
Do you want <u>certified copi</u> RTKL requests may require Please notify me if fees a	es? □ Yes (maj payment or pre	epayment of fees. See	onal costs) the <u>Official</u>	□ No RTKL Fee Sch	<u>nedule</u> for	r more details.
	ITEMS BELOV	W THIS LINE FOR A	GENCY US	E ONLY		
Tracking:	_ Date Received	d:1	Response I	Due (5 bus. da	ys):	
30-Day Ext.? □ Yes □ No	(If Yes, Final Du	ıe Date:) Actua	al Response D	ate:	
Request was: \square Granted	☐ Partially Gra	anted & Denied 🛭 I	Denied Co	st to Requeste	er: \$	
☐ Appropriate third partic	es notified and	given an opportunity	y to object	to the release	of reque	ested records.