RIGHT-TO-KNOW LAW ("RTKL") APPEAL OF DENIAL OR PARTIAL DENIAL ON THE BASIS THAT THE RECORD REQUESTED IS A CRIMINAL INVESTIGATIVE RECORD

Email: msprow@dauphinc.org 101 Market Street, Room 205 Harrisburg, PA 17101

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.

Respectfully submitted, ____________________________ (SIGNATURE REQUIRED)

You must provide the Agency with a copy of this form and any documents you submit
You must also serve Ryan Shovlin at the above address or by e-mail at rshovlin@dauphinc.org