



Date of Request:  Submitted Via:  Email  U.S. Mail  Fax  In Person

Requester's Name:  Company (if applicable):

Requester's Address:  City:  State:  Zip:

Telephone :  Email:

**RECORDS REQUESTED:** *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. Use additional sheets if necessary. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.*

- DO YOU WANT COPIES?  Yes, electronic copies preferred if available  
 Yes, printed copies preferred, may be subject to a fee of .25 cents per page  
 No, in-person inspection of records preferred (may request copies later)

*RTKL requests may require payment or prepayment of fees. See the Official RTKL Fee Schedule for more details.*

**Please notify me if fees associated with this request will be more than \$ \_\_\_\_\_**

*NOTE: In most cases, a completed RTKL request form is a public record.  
More information about the RTKL is available at <https://www.openrecords.pa.gov>*

**ITEMS BELOW FOR OPEN RECORDS STAFF USE ONLY**

Date Received: \_\_\_\_\_ Response Due ( 5 bus. days): \_\_\_\_\_

30 Day Ext?  YES  NO If Yes, final due date: \_\_\_\_\_ Cost to Requester: \$ \_\_\_\_\_