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pennsylvania
OFFICE OF OPEN RECORDS

HOW TO FILE AN APPEAL (effective September 1, 2015)

To file an appeal under the Right-to-Know law, a citizen must provide the following:

- A copy of the RTK request
- A copy of the Agency's response (or a written statement that the request was deemed denied meaning the Agency didn't respond at all).
- State the grounds they assert this is a public record
- Address any ground stated by the agency

All appeals must be made in writing and shall include the following information that may be submitted using the Appeals Forms found [HERE](#).

The appeal must be submitted to the Office of Open Records within 15 business days of the mailing date of the Agency's response. Appeals should be sent to the Office of Open Records, Commonwealth Keystone Building, 400 North St., 4th Floor, Harrisburg, PA 17120-0225. They may also be submitted via facsimile to 717-425-5343 or via email to openrecords@pa.gov as a Microsoft Word or PDF attachment. Appeals filed via e-mail including attachments exceeding 4MB should warrant a phone call to the Office of Open Records. Attachments exceeding size limitations may result in the appeal not being accepted by Commonwealth servers. **Appeals and other documents which are filed by hard copy (i.e., by mail) MUST be submitted on 8 ½ x 11 or 8 ½ x 14 inch paper. Failure to submit hard copy appeals on 8 ½ x 11 or 8 ½ x 14 inch paper will result in the appeal being DISMISSED unless the party filing the document specifically seeks and is granted permission to file non-conforming papers. Any other hard copy documents filed in an appeal should be submitted on 8 ½ x 11 or 8 ½ x 14 inch paper to the extent possible.**

You must provide this within **15 business days from the date that the Agency mailed to you a denial letter or the date that the request was "deemed denied."** When an agency does not respond to you in writing with five business days of your written RTK request that request is "deemed denied." If an agency did not respond, please indicate this in writing.

You must provide the required information no later than the 15th business day or your appeal will be untimely under the law and therefore cannot be processed. If that time frame has expired, or will expire, before you provide to us the required information, you will have to file another RTK request with the Agency.

When we receive your completed file, we will assign a docket number, send you an acknowledgement letter and assign an Appeals Officer to process your appeal.



RIGHT-TO-KNOW LAW ("RTKL")
APPEAL OF DENIAL, PARTIAL DENIAL, OR DEEMED DENIAL

Office of Open Records ("OOR")
Email: openrecords@pa.gov
Fax: (717) 425-5343

Commonwealth Keystone Building
400 North St., 4th Floor
Harrisburg, PA 17120-0225

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 thirty (30) days to issue a final order.
[] I am interested in resolving this appeal through OOR mediation. I agree to permit the OOR thirty (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.