



DAUPHIN COUNTY DISTRICT ATTORNEY'S OFFICE

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

Email: fchardo@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 David Wilson at the above address or by e-mail at dwilson@dauphinc.org