



Department of the Auditor General Right To Know Law Request Form

Date:

Person Making Request, Full Name:

Affiliated Company (if applicable):

Requester Signature:

Requester Mailing Address:

Requester Phone Number:

Requester Email Address:

Is the requester a legal resident of the United States of America? Yes No
If you checked "yes" above, provide the address of the resident, if different from the Mailing Address provided above:

Please identify each of the Pennsylvania Department of the Auditor General records subject to this request. You must identify these records with sufficient specificity so we may ascertain whether we have these records and how to locate them. Use and attach additional sheets of paper if necessary.

I am requesting (please check one of the following):

- Access to the document(s) identified above.
- Copy of the document(s) identified above.
- Certified copy if available.
- Access to the document(s) identified above and a copy of the document(s).

Please send response via: Email U.S. Mail

By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request.

- OFFICIAL USE ONLY -

RTKL No.				Date Stamp:
Request submitted via:	U.S. Mail	Email	Fax	In-person delivery
Response due:	5 business days:	30 day extension:	Final response date:	
Request:	Granted	Partially Granted & Denied	Denied	No records found (not a denial)