

**LOWER MERION SCHOOL DISTRICT
STANDARD RIGHT-TO-KNOW LAW REQUEST FORM**

Please read carefully. Complete this form and retain a copy of both pages; this copy may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied. More information about the RTKL is available at <https://www.openrecords.pa.gov> In most cases, a completed RTKL request form is a public record.

DATE REQUESTED: _____ **SUBMITTED VIA:** ___ E-MAIL ___ U.S. MAIL ___ FAX ___ IN-PERSON

PERSON MAKING REQUEST:

FULL NAME: _____

COMPANY (if applicable): _____

Please send response via: choose one ☐ EMAIL ☐ U.S. MAIL

If you wish to obtain records that only exist in hard copy, or must be provided on an electronic storage device, you may be required to provide a mailing address to the agency. See Sect. 703.

EMAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP (Required): _____

TELEPHONE: _____

How do you prefer to be contacted for questions? ☐ Telephone ☐ Email ☐ US 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 and the dismissal of any appeal filed with the Office of Open Records.**

RECORDS REQUESTED:

Please be clear and concise. Provide as much specific detail as possible, including subject matter, time frame, and type of records sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary.

Form continues on page 2. Retain a copy of **both** pages.

RECORDS REQUESTED (continued):

DO YOU WANT COPIES? ☐ YES, printed ☐ Yes, electronic ☐ No, in-person inspection

Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701. Your request may require payment or prepayment of fees. View the Official RTKL Fee Schedule for more details.

I understand that my request may incur fees. Notify me before further processing if fees will be more than ☐ **\$100 (or)** ☐ **\$_____.**

Do you want certified copies? ☐ Yes (may be subject to additional costs) ☐ No

For Office Use Only:

TRACKING

DATE RECEIVED BY THE AGENCY:_____ **AGENCY FIVE (5) DAY RESPONSE DUE:**_____

30-Day Ext.? YES NO (If yes, Final Due Date)_____ **Actual Response Date:**_____

Request was: (circle one) Granted Partially Granted & Denied Denied

Cost to Requester (if any):

- ☐ Appropriate third parties notified and given an opportunity to object to the release of requested records.