

LEHIGH COUNTY DISTRICT ATTORNEY
RIGHT-TO KNOW APPEAL FORM

Dear Right-To-Know Appeals Officer:

This is an appeal under the Pennsylvania Right to Know Law, 65 P.S. Section 67.101. I requested documents from _____ (name of agency or Lehigh County District Attorney). This request was denied or partially denied. I am appealing the denial of this request under section 1101 of the Law and provide the following information in accordance with the Law:

NAME OF REQUESTER: _____

ADDRESS: _____

TELEPHONE AND FAX NUMBER: _____

DATE OF RIGHT-TO-KNOW REQUEST: _____

DATE OF RESPONSE/DISPOSITION: _____

CONCISE STATEMENT OF FACTS: _____

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

NAME OF OFFICIAL DENYING REQUEST: _____

DESCRIPTION OF RECORDS REQUESTED: _____

GROUND UPON WHICH REQUESTER ASSERTS RECORDS ARE PUBLIC: _____

ADDRESS ANY GROUNDS RELIED UPON BY AGENCY FOR DENIAL OF REQUEST: _____

Respectfully submitted,

_____ (must be signed)

(Please attached a copy of the original Right-to-know request and the Agency's letter stating the denial of your request.)