



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: msprow@dauphincounty.gov

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 original 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 Michael Sprow at the above address or by e-mail.**