NAME OF REQUESTER:______________________________(Last)______________________________(First)______________________________(MI)

MAILING ADDRESS:________________________________________________________________________

_____________________________________________________________________________________________

(Street/PO Box)

_____________________________________________________________________________________________

(City)_____________________________________________________________________________________

(State)_____________________________________________________________________________________

(Zip Code)

TELEPHONE (Optional):_________________________________________ FAX (Optional):________________________

EMAIL (Optional):____________________________________________________________________________

RECORDS REQUESTED: Please identify each of the documents that are subject to this request with sufficient specificity so we can ascertain whether we have these documents and how to locate them.

To the extent that this request seeks or may be construed to seek Pennsylvania State Police records involving covert law enforcement investigations, including intelligence gathering and analysis, the Department can neither confirm, nor deny the existence of such records without risk of compromising investigations and imperiling individuals. UNDER NO CIRCUMSTANCES, therefore, should the Department’s response to this request be interpreted as indicating otherwise. In all events, should such records exist, they are entirely exempt from public disclosure under the Right-to-Know Law, 65 P.S. §§ 67.101-67.3104, and the Criminal History Record Information Act, 18 Pa.C.S. §§ 9101-9183.

Production of requested public records is subject to prepayment of all RTKL fees. For security purposes, this agency will only produce public records in paper format, unless the records exclusively exist in another medium.

PLEASE MAIL, DELIVER IN PERSON, FAX, OR EMAIL YOUR REQUEST TO:

Pennsylvania State Police
Bureau of Records & Identification
ATTN: AGENCY OPEN RECORDS OFFICER
1800 Elmerton Avenue
Harrisburg, PA 17110-9758

FAX: 717-525-5795
EMAIL: (RA-psprighttoknow@pa.gov)

PSP/RTKL TRACKING NO.: ________________ AORO RECEIPT DATE-STAMP: ________________

FINAL RESPONSE DATE: ________________ CALCULATED RESPONSE DUE DATE: ________________

FINAL RESPONSE DUE DATE: ________________