

Wayne County Office of Open Records

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Wayne County Commissioners' Office
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Honesdale PA 18431

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RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY: E-MAIL MAILFAX IN-PERSON NAME OF

REQUESTOR: _____ STREET

ADDRESS: _____ CITY/

STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

E-MAIL ADDRESS (Optional): _____

RECORDS REQUESTED;

*Provide as much specific detail as possible so the agency can identify the information.

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. Your request may require payment or prepayment of fees.

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

☐ 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.

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

DATE REQUEST RECEIVED _____ BY _____

Tracking: _____ Date Received: _____

Response Due (5 bus. days): _____

30-Day Ext.? ☐ Yes ☐ No (If Yes, Final Due Date: _____)

Actual Response Date: _____

Request was: ☐ Granted ☐ Partially Granted & Denied ☐ Denied

Cost to Requester: \$ _____

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