

Wayne County Office of Open Records

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RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX 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 AN ELECTRONIC COPY IF AVAILABLE? YES or NO

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

DATE REQUEST RECEIVED _____ BY _____