

## Wayne County Office of Open Records

**Andrew Seder**  
**Public Information Officer**  
**Wayne County Commissioners' Office**  
**925 Court Street**  
**Honesdale PA 18431**

**Telephone: 570 253-5970 Ext. 4050**  
**Fax: 570 253-5432**  
**E-mail: openrecords@waynecountypa.gov**

### **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.