

PALMYRA TOWNSHIP – WAYNE COUNTY
STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTER: _____

ADDRESS: _____

TELEPHONE: _____

RECORDS REQUESTED: (For more space, continue on back)

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

INSTRUCTIONS: PICK-UP FAX MAIL DISK EMAIL

SIGNATURE (When request is fulfilled) _____

For Office Use Only:

Copies _____ Postage _____ Disk _____ Fax _____

TOTAL COST _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5) DAY RESPONSE DUE: _____

*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue to the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)