STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 5/8/2019

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

NAME OF REQUESTER: Tricia M

STREET ADDRESS

CITY/STATE/COUNTY/ZIP(Required): West Easton

TELEPHONE (Optional):

RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary

1. Electronic copy of all "online bill pay" transactions for 2019, with corresponding financial reports from AMS showing where expenditures were BOTH charged to the budget and approved by council. 2. Electronic copies of all pages from Borough bank statements in 2019 that record "online bill pay" transactions

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

** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES **
** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL **

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER: Joan Heebner

DATE RECEIVED BY THE AGENCY: 5-8-2019

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 5-15-2019

**Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue 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.)

Emailed 5-15-2019