STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 12/20/2019

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

NAME OF REQUESTER: West Easton Borough Constable

STREET ADDRESS: ____________________________

CITY/STATE/COUNTY/ZIP (Required): West Easton, PA 18042

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 copies of all Cease and Desist Letters, or "orders" sent to any Borough citizen or business in 2019 from West Easton Borough Hall or their designee (Joe Hoffman, or others). 2. All communication sent and received pertaining to these government actions (emails, mail, texts, etc).

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: 12-23-19

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 12-31-19

**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.)