DATE REQUESTED: 1/6/2020
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. I am seeking all sewer/garbage account payment histories for the Spring Street West Easton addresses beginning with house number 157 through house number 199, and excluding all other addresses out of this range. The document should show all payments made from 2016 to present, dates of payments, amounts delinquent, and all related shut off notices. Electronic copies.

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: 1-6-2020

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 1-13-2020

**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.)