



## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 6/24/201	9			
REQUEST SUBMITTED BY:	●E-MAIL	U.S. MAIL	FAX	O IN-PERSON
NAME OF REQUESTER : Mezzacappa				
STREET ADDRESS :				_
CITY/STATE/COUNTY/ZIP(Required): West Easton, PA				
TELEPHONE (Optional):				
RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary  The Safety First Volunteer Fire Department's Social Hal! by-laws which prohibit women from becoming members, unless they are in the Ladies Auxillary. It is noted SFVFD owns the social hall. Electronic copies.				
DO YOU WANT COPIES? YES DO YOU WANT TO INSPECT T DO YOU WANT CERTIFIED CO  ** PLEASE NOTE ** IT IS A REQUIRE	HE RECORDS? PIES OF RECO E: <u>RETAIN</u> A CO	ORDS? YES or NO	UEST FOR YO	OUR FILES ** AN APPEAL **
	FOR A	GENCY USE ONL	Υ	
RIGHT TO KNOW OFFICER:				
DATE RECEIVED BY THE AGENCY:				
AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:				

<sup>\*\*</sup>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.)