



STANDARD RIGHT-TO-KNOW REQUEST FORM

	DATE REQUESTED: 1/29/2019
	REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON
2	NAME OF REQUESTER : Tricia Mezzacappa
	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
	I would like to inspect (no copies) all construction, demolition or any other type of building permits issued by West Easton Borough in 2018
	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: <u>RETAIN A COPY</u> 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: 1/29/19
	AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 2 15 19

emailed 2/4/2019

^{**}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.)