



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 3/	18/2019			
REQUEST SUBMITTED	BY: E-MAIL	U.S. MAIL	FAX	O IN-PERSON
NAME OF REQUESTER	t : Tricia Mezzacappa			
STREET ADDRESS				
CITY/STATE/COUNTY/2	ZIP(Required): West	Easton, PA 180	42	
TELEPHONE (Optional):			
RECORDS REQUESTE Please use additional s	D: *Provide as much spe sheets if necessary	cific detail as possible	so the agency	can identify the informatior
 2016, 2017 audit w Any document that (electronic copy) March 2019 meeting 	shows budgetary line	e items charged fo	r all 2018 Ho	ic copies) me Depot purchases
DO YOU WANT COPIES DO YOU WANT TO INS DO YOU WANT CERTIF	PECT THE RECORDS	S? YES or NO ORDS? YES or NO		
** PLEAS ** IT IS A R	SE NOTE: <u>RETAIN A C</u> EQUIRED DOCUMEN	COPY OF THIS REC T IF YOU WOULD I	QUEST FOR Y NEED TO FILE	OUR FILES ** E AN APPEAL **
	FOR.	AGENCY USE ONL	_Y	
RIGHT TO KNOW OFFI	cer: Joan H	eebner		
DATE RECEIVED BY T	HE AGENCY: 3-1	8-2019		
AGENCY FIVE (5) BUS	INESS DAY RESPONS	SE DUE: 3-25-	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.)