



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 3/4/19	
REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON	
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	•
1. All paid invoices for 2019 from general, sewer, activity and debit account (onsite inspection)	
canceled 3-29-19 noon is onsite inspection belectronic copies escheduled to 4/1/19-noon and in 11:25 Am 4/1/19 for DO YOU WANT COPIES? YES Or NO EXCEP) debit account	
Canceled 3-19-19-17/10mb reduce time readed exercising	
to scan into email	
escheduled to 4/1/19-1001	
DO YOU WANT COPIES? YES OND EXCED (debit cice ount	
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: 3-4-2019	
AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 3-11-2019	

^{**}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.)