



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 [Redacted]

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 2019 debit account transaction history (electronic copies)
2. Agenda packets for February 2019 meeting(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: 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.)*

emailed 3/11/19