



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 5/8/2019	-		•	X.
REQUEST SUBMITTED BY: E-MAIL	U.S. MAIL	FAX	O IN-PERSON	
NAME OF REQUESTER : Tricia M				
STREET ADDRESS			_	
CITY/STATE/COUNTY/ZIP(Required): West Easton				
TELEPHONE (Optional):			The second secon	
RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information.				

1. Electronic copy of the G/L detail 2018 year to date cash account for general fund which will show every automatic data generated reduction of cash through checks and payroll, as well as manually entered journal entry reductions. If the report is greater than 100 pages, please notify. Same report for 2019 YTD.

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

Please use additional sheets if necessary

DATE RECEIVED BY THE AGENCY: 5-8-2019

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 5-15-19

emailed 5/8/2019

^{**}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.)