



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 6/16/19

REQUEST SUBMITTED BY: ☒ E-MAIL ☐ U.S. MAIL ☐ FAX ☐ IN-PERSON

NAME OF REQUESTER : Mezzacappa

STREET ADDRESS : _____

CITY/STATE/COUNTY/ZIP(Required): West Easton, PA

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 solicitor (or outside counsel) invoices billed to West Easton Borough in 2018 and 2019 for Federal lawsuit over drug rehab, County lawsuit over drug rehab and impact fee 2018 and 2019, and litigation related to the Hubcap store , 2018 and 2019. 2. Every legal document filed on PACER by West Easton Borough defending itself from lawsuit filed by West Easton Development in 2019.

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:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

***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.)*