



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 8/14/2019)			
REQUEST SUBMITTED BY:	● E-MAIL	U.S. MAIL	O FAX	OIN-PERSON
NAME OF REQUESTER : West I	Easton Boroug	gh Constable		
STREET ADDRESS :				_
CITY/STATE/COUNTY/ZIP(Required): West Easton, PA				
TELEPHONE (Optional):				
RECORDS REQUESTED: *Provide Please use additional sheets if it	de as much speci necessary	ific detail as possible s	so the agency ca	an identify the information.
This is third and final time I am business licenses issued to all quotes and bids for same as a person performing work, service	l contractors w bove. 3. All qu	vho performed wor uotes, bids, permit	rk at war mon s and busines	ument park in 2019. 2. All ss licenses issued to anv
DO YOU WANT COPIES? YES ODO YOU WANT TO INSPECT THE DO YOU WANT CERTIFIED COP	E RECORDS?			

** 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

DATE RECEIVED BY THE AGENCY: 8-16-2019

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 8-23-2019

^{**}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.)