



## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 8/5/2019				
REQUEST SUBMITTED BY:	● E-MAIL	U.S. MAIL	O FAX	O IN-PERSON
NAME OF REQUESTER : West Easton Borough Constable				
STREET ADDRESS :				
CITY/STATE/COUNTY/ZIP(Required): West Easton, PA 18042				
TELEPHONE (Optional):				
RECORDS REQUESTED: *Provide Please use additional sheets if  1. Electronic copies of any document of the county was spent. 2. Any document service from 2016 to present (	necessary cument that s ument from S	shows how the \$30 State Police which	OK 2018 gam shows the B	ing grant from Northampton
DO YOU WANT COPIES? YES OD YOU WANT TO INSPECT THE DO YOU WANT CERTIFIED COI	IE RECORDS	6? YES or NO ORDS? 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 **				
		AGENCY USE ON	_Y	
RIGHT TO KNOW OFFICER:				
DATE RECEIVED BY THE AGE	NCY: 8 - 5	5-2019		
ACENCY FIVE (5) BUSINESS DAY RESPONSE DUE: \$-172019				

<sup>\*\*</sup>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.)