



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 11/13/201	9			
REQUEST SUBMITTED BY:	● E-MAIL	U.S. MAIL	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		rific detail as possible	so the agency o	an identify the information.
1. Internet browsing history or and other correspondence be Easton Borough Hall for the la Borough Hall/ all council mem complaints and/ or grants, last	tween Robert ast 90 days. E bers, to any p	y Mahady and any lectronic copies or	person empl nly. 3. All ema	oyed or elected at West alls sent / received from
DO YOU WANT COPIES? YES OD YOU WANT TO INSPECT THE DO YOU WANT CERTIFIED COP	IE RECORDS			
** PLEASE NOTE ** IT IS A REQUIRE		OPY OF THIS REQ IF YOU WOULD N		
	1	GENCY USE ONL	Υ	
RIGHT TO KNOW OFFICER:	Joan He	ebner		

DATE RECEIVED BY THE AGENCY: 11-13-19

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: //~ Z 0 - 19

^{**}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.)