



## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 12/11/2019					
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	OIN-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 ne		fic detail as possible	so the agency	can identify the informa	ation.
1.I am seeking all email, mail, to copied to the Borough Offices, a Associates, Joe Hoffman conce January 2019-present.	all council pe rning any/ al	rsons, Mayor, the I business at 601	Borough So	licitor, Barry Isset a	and
DO YOU WANT COPIES? YES OF DO YOU WANT TO INSPECT THE DO YOU WANT CERTIFIED COPIES	NO RECORDS?	YES or NO RDS? 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 **					
		GENCY USE ONL	Υ		
RIGHT TO KNOW OFFICER:	loan He	ebner			
DATE RECEIVED BY THE AGENC	Y: /2-/	11-19			
AGENCY FIVE (5) BUSINESS DAY	RESPONSE	DUE: 12-18	-19		

<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.)