



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 12/20/2019				
REQUEST SUBMITTED BY:	E-MAIL (U.S. MAIL	O 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 as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary				
1. Electronic copies of all Cease and Desist Letters, or "orders" sent to any Borough citizen or business in 2019 from West Easton Borough Hall or their designee (Joe Hoffman, or others). 2. All communication sent and received pertaining to these government actions (emails, mail, texts, etc)				
DO YOU WANT COPIES? YES OF DO YOU WANT TO INSPECT THE	RECORDS?			

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES OF 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: JOAN Heebner

DATE RECEIVED BY THE AGENCY: 12-23-19

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 12-31-19

^{**}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.)