



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 1/6/2020	0			
REQUEST SUBMITTED BY:	● E-MAIL	U.S. MAIL	FAX	OIN-PERSON
NAME OF REQUESTER : Wes	t Easton Borou	gh Constable	()	
STREET ADDRESS :			•	
CITY/STATE/COUNTY/ZIP(Required): West Easton, PA 18042				
TELEPHONE (Optional):		-		Contract and a second
RECORDS REQUESTED: *Pro Please use additional sheets		cific detail as possible	so the agency	can identify the information.
1. I am seeking all sewer/ ga addresses beginning with he addresses out of this range. dates of payments, amounts	ouse number 19 The document	57 through house should show all p	number 199, ayments mad	and excluding all other de from 2016 to presen
DO YOU WANT COPIES? YE DO YOU WANT TO INSPECT DO YOU WANT CERTIFIED C	THE RECORDS			
** PLEASE NO ** IT IS A REQUIR	TE: <u>RETAIN A C</u> ED DOCUMENT	OPY OF THIS REC	UEST FOR Y	OUR FILES ** E AN APPEAL **
	1 11	AGENCY USE ONL	.Υ	2
RIGHT TO KNOW OFFICER:	Joan Her	ebner		

**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.)

1-6-2020

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 1-13-2020

DATE RECEIVED BY THE AGENCY: