



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 3/2/2020
REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON
NAME OF REQUESTER : West Easton Borough Constable
STREET ADDRESS :
CITY/STATE/COUNTY/ZIP(Required): West Easton, PA
CITT/STATE/COUNTT/ZIP(Required).
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. I am seeking all emails, texts and social media communications for February 2020 to and from all elected representatives, employees, consultants of West Easton Borough which document an agency transaction or activity, with any member of the public, or between each other, on any electronic device, personal or public, including cell phones, ipads, laptops and personal computers. Electronic copies, do not incur fees
DO YOU WANT COPIES? YES or NO DO YOU WANT TO INSPECT THE RECORDS? YES or NO DO YOU WANT CERTIFIED COPIES OF RECORDS? 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 **
FOR AGENCY USE ONLY
RIGHT TO KNOW OFFICER:
DATE RECEIVED BY THE AGENCY:
AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

^{**}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.)