

STANDARD RIGHT-TO-KNOW REQUEST FORM

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DATE REQUESTED: 7/11/2020	
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	
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 sent to Borough Manager or clerk or any elected official from any person	

which discuss West Easton's refusal to open their doors to the public. from mid-march 2020 through

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: 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

present. Electronic copies

DATE RECEIVED BY THE AGENCY: 7-13-2020

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 7 - 20-2020

^{**}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.)