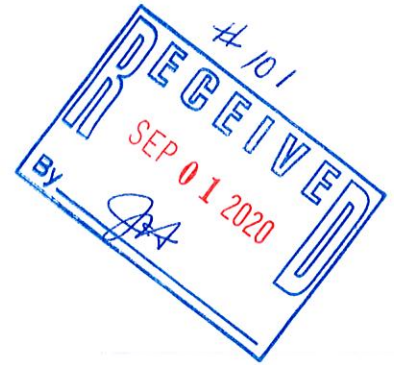


pennsylvania

OFFICE OF OPEN RECORDS

STANDARD RIGHT-TO-KNOW REQUEST FORM



DATE REQUESTED: 9/1/2020

REQUEST SUBMITTED BY: ☒ E-MAIL ☐ U.S. MAIL ☐ FAX ☐ IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): West Easton Borough

NAME OF REQUESTER: Janis Farese

STREET ADDRESS: P.O. Box 970999

CITY/STATE/COUNTY/ZIP (Required): Boca Raton, FL 33497-0999

TELEPHONE (Optional): _____ EMAIL (Optional): Pennsylvania@OpenTheBooks.com

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify can identify the information. Please use additional sheets if necessary*

Please see attachment "Right to know request text".

DO YOU WANT COPIES? YES OR (NO)

DO YOU WANT TO INSPECT THE RECORDS? YES OR (NO)

DO YOU WANT TO 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

DATE RECEIVED BY THE AGENCY: 9-1-2020

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 9-9-2020
emailed 9-4-2020

****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 of the information unless otherwise required by law. (Section 703.)**

Borough Manager

From: Pennsylvania@OpenTheBooks.com
Sent: Tuesday, September 1, 2020 1:55 PM
To: BoroughManager@WestEastonBorough.org
Subject: New Right to Know - West Easton Borough submitted on 09/01/2020
Attachments: Standard Right-To-Know Request Form.pdf

09/01/2020

Records Access Officer,

Pursuant to the Right to Know, this is a request for **an electronic copy of all payment transactions for fiscal year 2019**. This could be considered one of the following reports: *Vendor Payment Checkbook Report, Checkbook Register, Expenditure Data, Transactional Detail Payments, Online Checkbook, or Disbursements*. Here is an online example from the City of Philadelphia, Pennsylvania (<https://data.phila.gov/visualizations/payments>). We would accept any existing report which contains a minimum of the Payee Name, Amount and Date of each transaction.

The principal purpose of this is to make this information more accessible to the public and to disseminate information regarding the health, safety, and welfare of the general public. This request is not for personal or commercial benefit and we are exercising the general rights of the public. For this reason we are requesting a waiver of fees.

If there is a fee for this data, please obtain my approval in writing prior to proceeding with this request. All documents can be e-mailed to Pennsylvania@OpenTheBooks.com. We would prefer a file format of csv or xlsx.

If any records or portions of records are withheld, please provide the exemption and the name of the individual responsible for the decision.

Thank you for your prompt consideration of my request. If you have any questions, or if I can be of any assistance, please e-mail me at Pennsylvania@OpenTheBooks.com.

Sincerely,
Janis Farese
American Transparency
P.O. Box 970999
Boca Raton, FL 33497-0999