



CITY OF EASTON

RIGHT-TO-KNOW REQUEST FORM

REQUEST NO.

(FOR OFFICIAL USE ONLY)

Date Requested:		Submitted via: Walk-in US Mail Email Fax			
Name of Requester:			Tele:		
Address:			Email:		
City/St/Zip:			Fax:		
<i>Records Requested: (Provide as much detail as possible so the agency can identify the information. (Use back if necessary.)</i>					
Do you want copies?		Yes	No	<i>Police/Accident Report Request Only:</i>	
Do you want certified copies?		Yes	No	IR No(s):	
Do you want to inspect records?		Yes	No	Driver's Name:	

SUBMIT TO:

Rita Messa (General Gov't Records)
 123 S. 3rd Street
 Easton, PA 18042
 OFFICE 610-250-6730 FAX 610-250-6736
rmessa@easton-pa.gov

Lt. Stephen Homoki (Police Records)
 48 N. 4th Street
 Easton, PA 18042
 OFFICE 610-250-6664 FAX 610-250-6619
shomoki@easton-pa.gov

*****FOR OFFICIAL USE ONLY*****

Request Received By:	Date Rec'd:	5day Response Date:
Request Approved By:	Date:	Dept: <input type="checkbox"/> Records <input type="checkbox"/> Traffic <input type="checkbox"/> CID
Request Denied By:	Date:	Denial Letter. Sent:
Req. Partially App/Denied:	Date:	30 Day Ext. Due Date:

**Please note: You must retain a copy of this request form for your files. It is a required document if you would need to file an appeal.*

I hereby acknowledge receipt of all information requested. I also acknowledge receipt of a copy of this Right-to-Know request form for my records.

Print Name:	Signature:
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