



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	Police/Accident Report Request Only:		
Do you want certified copies?	Yes	No	IR No(s):		
Do you want to inspect records?	Yes	No	Driver's Name:		

SUBMIT TO:

Karen Roscioli (General Gov't Records)
123 S. 3rd Street
Easton, PA 18042
OFFICE 610-250-6730 FAX 610-250-6736
krosciol@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:

02252019/lrt