



# CITY OF EASTON

## RIGHT-TO-KNOW REQUEST FORM

(All fields required except telephone number)

**REQUEST NO.**

(FOR OFFICIAL USE ONLY)

DATE REQUESTED: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS : \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE \_\_\_\_\_

RECORDS REQUESTED:

\*Provide as much specific detail as possible so the agency can identify the information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Police Reports Request Only:** Report Reference # \_\_\_\_\_

**Driver's Name:** \_\_\_\_\_

DO YOU WANT COPIES? YES  NO

DO YOU WANT TO INSPECT THE RECORDS? YES  NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES  NO

**SUBMIT TO:** Thomas A. Hess (for General Government Records)  
123 South Third Street  
Easton, PA 18042  
OFFICE 610-250-6731  
FAX 610-250-6736  
[thess@easton-pa.gov](mailto:thess@easton-pa.gov)

Lt. Sal Crisafulli (for Police Records)  
25 South Third Street  
Easton, PA 18042  
OFFICE 610-250-6664  
FAX 610-250-6775  
[scrisafulli@easton-pa.gov](mailto:scrisafulli@easton-pa.gov)

(\*\* DO NOT USE BELOW THIS LINE - FOR OFFICIAL USE ONLY \*\*)

REQUEST SUBMITTED BY:  PHONE  WALK-IN  US MAIL  FAX  EMAIL

REQUEST RECEIVED BY: \_\_\_\_\_ DATE REC'D \_\_\_\_\_ (5)DAY RESPONSE DUE \_\_\_\_\_

APPROVED  CID  
 TRAFFIC  
 RECORDS

DENIED: DATE \_\_\_\_\_ LETTER SENT: \_\_\_\_\_

REC'D BY \_\_\_\_\_ DATE: \_\_\_\_\_