



CITY OF EASTON

PENNSYLVANIA

Standard Right-to-Know Law Request Form

Date of Request: _____ Submitted via: Email U.S. Mail Fax In Person

PERSON MAKING REQUEST:

Name: _____ Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

How do you prefer to be contacted if the agency has questions? Telephone Email U.S. Mail

RECORDS REQUESTED: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. Use additional sheets if necessary. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.*

DO YOU WANT COPIES? Yes, electronic copies preferred if available

Yes, printed copies preferred

No, in-person inspection of records preferred (*may request copies later*)

Do you want [certified copies](#)? Yes (*may be subject to additional costs*) No

RTKL requests may require payment or prepayment of fees. See the [Official RTKL Fee Schedule](#) for more details.

Please notify me if fees associated with this request will be more than \$100 (or) \$_____.

SUBMIT TO:

(for General Government Records)

Thomas A. Hess
123 South Third Street
Easton, PA 18042
OFFICE 610-250-6731
FAX 610-250-6736
thess@easton-pa.gov

(for Police Records)

Lt. Stephen S. Homoki
48 North Fourth Street
Easton, PA 18042
OFFICE 610-250-6664
FAX 610-250-6775
shomoki@easton-pa.gov



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ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: _____ Date Received: _____ Response Due (5 bus. days): _____

30-Day Ext.? Yes No (If Yes, Final Due Date: _____) Actual Response Date: _____

Request was: Granted Partially Granted & Denied Denied Cost to Requester: \$ _____

Appropriate third parties notified and given an opportunity to object to the release of requested records.