



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 (Optional): _____

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)
One South Third Street
Easton, PA 18042
OFFICE 610-250-6731
FAX 610-250-6736
thess@easton-pa.gov

Lt. Matthew Lohenitz (for Police Records)
25 South Third Street
Easton, PA 18042
OFFICE 610-250-6664
FAX 610-250-6775
mlohenitz@easton-pa.gov

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

REQUEST SUBMITTED BY: EMAIL U.S.MAIL FAX IN-PERSON

REQUEST RECEIVED BY: _____

DATE RECEIVED BY AGENCY: _____

AGENCY (5)-DAY RESPONSE DUE: _____

APPROVED:

DISAPPROVE: