

EASTON SUBURBAN WATER AUTHORITY

3700 Hartley Avenue

P. O. 3819A

Easton, PA 18043-3819

Phone: (610) 258-7181 – Fax: (610) 258-7780

Right-To-Know Request Form

Date Requested: _____

Request submitted by: EMAIL U.S. MAIL FAX IN PERSON

Request submitted to: (Agency name & address): _____

Name of Requester: _____

Street Address: _____

City/State/County/Zip(Required) _____

Telephone (Optional): _____ Email (Optional) _____

RECORDS REQUESTED:

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

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

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: