

NEWPORT TOWNSHIP
1002 CENTER STREET
WANAMIE, PA. 18634
(570) 735-4735
(570) 735-5595 FAX
Monday—Friday, 8:30-3:00

Date Requested: _____
Date Received By Officer: _____
Twp. 5 - Day Response Due: _____
Date of Response: _____

Right to Know Request Form

Name of Requestor: THOMAS H. PANTLE
((please print or type) Last First Middle

Signature: [Handwritten Signature] Date: 8/2/15

Mailing Address: 1054 W. MAIN AVE
Street/P.O. Box

NAATICOKE PA 18634-4009
City State Zip

Telephone Number: 570 735-9088 Fax Number _____
Optional Optional

Request Submitted By: E-Mail U.S. MAIL FAX IN-PERSON
newporttownship@pa.metrocast.net

Please identify each of the documents that is subject to this request. You must identify each of the items clearly and with sufficient specificity so we may ascertain if the Township has the documents and how to locate them.

I am requesting 9 copy of the phone numbers that were sent to 911 reporting that I was burning trash on June 17th 2015 and June 20th 2015 between the hours of 4:00pm & 6:00pm on Both days

Please check one of the following boxes:

I am only requesting access to the above-specified document(s).

I am only requesting copies of the above-specified document(s).

I am requesting BOTH access and copies of the above-specified document(s).

Documents requested shall be copied at a cost of \$.25 per page. Additional research time may be required at a reasonable expense to the requestor. An estimate of the costs shall be provided to the requestor prior to the work commencing.