

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



## COUNTY OF LUZERNE

**RIGHT TO KNOW LAW REQUEST FORM**

NAME OF REQUESTER: Magni Donna M  
 (PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 17 English Street  
 STREET / P.O. BOX  
 West Wyoming PA 18644-1004  
 CITY STATE ZIP CODE

PHONE # 570-693-1338 FAX#

EMAIL ADDRESS:

SIGNATURE: *Donna M. Magni* DATE: 12/29/15

**RECORDS REQUESTED** - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.

I request a copy of all payments to the Allentown Women's Center as well as any other abortion clinics including Philadelphia for the period of time May 22, 2015 through December 31, 2015. This murder must end and it will. Jesus Christ is not going to allow the next county manager to commit such evil. He will raise up someone to protect the life of these babies and to rule with an iron rod so anyone who goes against this person will be smashed to smithereens.

## PLEASE CHECK ONE OF THE FOLLOWING:

- I AM ONLY REQUESTING ACCESS TO THE DOCUMENT(S)  
 I AM REQUESTING A HARD COPY OF THE DOCUMENT(S) (PAPER, CD, etc...)  
 I AM REQUESTING AN E-FILE OF THE DOCUMENT(S) (IF AVAILABLE) (PDF, EXCEL SPRDSHT, etc...)

**PLEASE NOTE: LUZERNE COUNTY IS NOT REQUIRED TO CREATE A RECORD WHICH DOES NOT CURRENTLY EXIST OR TO COMPILE, MAINTAIN, FORMAT OR ORGANIZE A RECORD IN A MANNER IN WHICH THE AGENCY DOES NOT CURRENTLY COMPILE, MAINTAIN, FORMAT OR ORGANIZE THE RECORD**