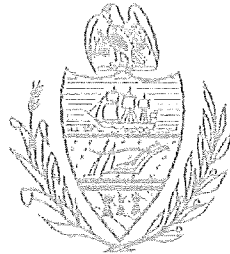


RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER:
(PLEASE PRINT CLEARLY)

Altavilla Robert
LAST FIRST

MAILING ADDRESS:

286 Pine St
Larksville PA 18651
STREET / P.O. BOX CITY STATE ZIP CODE

PHONE #

570-709-7690

FAX#

EMAIL ADDRESS:

K3RDA@aol.com

SIGNATURE:

[Handwritten Signature]

DATE:

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

request of info that judge pieroni had declared me mentally incompetent. please give me a copy of such info.

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

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