**RTK REQUEST NUMBER** 

DATE RECEIVED

**5 DAY RESPONSE DATE** 



## **RIGHT TO KNOW LAW REQUEST FORM**

NAME OF REQUESTE	R: BRENNAN	MARK	
(PLEASE PRINT CLEARLY)	LAST	FIRST	MI
MAILING ADDRESS:	509 E. CHURCHS		
	ST	REET / P.O. BOX	
	ORWIGSBURG	PA	17961
_	CITY	STATE	ZIP CODE
PHONE #_484-202-05	583	FAX#	
EMAIL ADDRESS: MA	ARKBRENNAN110@	GMAIL.COM	
SIGNATURE: Mark	Brennan	DATE: <u> ರ೭-</u> ಂ	9-17
RECORDS REQUEST	ED - Requesters MUST specify th	ne document(s) sought. Please use additional	pages if necessary.
Respectfully requesting	records showing the am	ounts of any and all compensatio	n paid to
Fairview Township Tax	Collector Maxine Macko	from 1995 upto and including the	date of this
request. Requesting	this information be list	ed by year if possible. Regard	ds MB
	OF THE FOLLOWING: UESTING ACCESS TO	THE DOCUMENT(S)	
		THE DOCUMENT(S) THE DOCUMENT(S) (PAPER, CD, e	tc)
		DOCLIMENT(S) (IS AVAILABLES) (BDE E	•

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