

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Ratchford Kimberly A
 (PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 72 Glenmaura National Boulevard, Floor 2
 STREET / P.O. BOX

Moosic PA 18507
 CITY STATE ZIP CODE

PHONE # 570-496-1328 FAX# 1-866-284-9184

EMAIL ADDRESS: ratchfordka@ccbh.com

SIGNATURE: Kimberly A. Ratchford, MA DATE: 02/21/2017

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

As the behavioral/mental health insurer for HealthChoices members in your county, Community Care Behavioral health Organization respectfully requests a copy of the coroner's report for our members listed below. Information on the cause of death is essential to allow us to properly process this case for closure.

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