

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

# RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: \_\_\_\_\_  
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: \_\_\_\_\_  
STREET / P.O. BOX  
CITY STATE ZIP CODE

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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**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**