

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
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: [Handwritten Signature] DATE: May 8, 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 reports for our members (please see attachment). Information on the cause of death is essential to allow us to properly process this case for closure. Thank you for your assistance.

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...)
[X] 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