



# pennsylvania

OFFICE OF OPEN RECORDS

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: \_\_\_\_\_ 1/01/2018 \_\_\_\_\_

REQUEST SUBMITTED BY:       E-MAIL               U.S. MAIL               FAX               IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): \_\_\_\_\_ LUZERNE COUNTY \_\_\_\_\_

NAME OF REQUESTER : \_\_\_\_\_ PA STATE CONSTABLE DAVID KNELLER \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ P.O. BOX 485 \_\_\_\_\_

CITY/STATE/COUNTY/ZIP(Required): \_\_\_\_\_ SCHAEFFERTOWN , PA 17088 \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_ 717-808-8788 \_\_\_\_\_      EMAIL (optional): \_\_\_\_\_ PA.CONSTABLE@LIVE.COM \_\_\_\_\_

RECORDS REQUESTED: *\*Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

**I am requesting a copy of the letter referenced in order 3 MD 2016. "Upon on consideration of the attached letter is assigned in accordance with the following"**

DO YOU WANT COPIES?  YES    NO

DO YOU WANT TO INSPECT THE RECORDS?    YES    NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?    YES    NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100?    YES    NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

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### FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER:

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*