

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Griffith Walter L
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 348 Highland Ave
STREET / P.O. BOX

Trucksville PA 18708
CITY STATE ZIP CODE

PHONE # 570-239-0025 FAX# 570-735-6677

EMAIL ADDRESS: lmabari1@aol.com

SIGNATURE: Walter L Griffith Jr DATE: February 2 2018

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.
I am requesting a copy of any and all requests for Expense reimbursement for Travel Reimbursement or Meals or Conference Expenses that were submitted by the Luzerne County Controller from January 2014 to January 31 2018.

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