

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Holland Megan R
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 330 Marshall St. Suite 800
STREET / P.O. BOX

Shreveport LA 71101
CITY STATE ZIP CODE

PHONE # 318-424-8125 FAX# 318-213-8137

EMAIL ADDRESS: megan.holland@praeses.com

SIGNATURE: *Megan Holland* DATE: 2-21-18

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.
I am requesting a copy of the current inmate telephone contract.

- 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