

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 Blvd. Floor 2  
 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:** *Kimberly Ratchford, MA* **DATE:** March 2, 2018

**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 listed (please see attachment). Information on the cause of death is essential to allow us to properly process these cases 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...)  
 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**