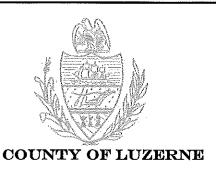
**RTK REQUEST NUMBER** 

**DATE RECEIVED** 

**5 DAY RESPONSE DATE** 



## **RIGHT TO KNOW LAW REQUEST FORM**

NAME OF REQUESTER: Cutig	gnola Steven			
(PLEASE PRINT CLEARLY)	LAST		FIRST	MI
MAILING ADDRESS: 500 Sum	mit Lake Drive - Su	ite 150		
III/III/II/O/ADDI(200,		ET / P.O. BOX		
Valhalla			NY	10595
	CITY		STATE	ZIP CODE
PHONE #_914-495-9926		FAX#		
EMAIL ADDRESS: steve.cutigr	nola@anteagroup.u	S		
SIGNATURE: Styw Cutyn	6		DATE: 3-15	-2018
RECORDS REQUESTED - Requirements Records related to prior / existing				
Additionally, I would like to request	records for the prop	erty located at 24	4 Elmwood Avenue	e, Mountain Top, PA
related to: sorage tanks, land us	e records, emerger	cy release repo	orts, and public w	ell information.
PLEASE CHECK ONE OF THE	FOLLOWING:			
I AM ONLY REQUESTIN	G ACCESS TO TH		` '	
I AM REQUESTING A HA ✓ I AM REQUESTING AN E				

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