

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Shiner Brian (PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 97 West Walnut Street STREET / P.O. BOX

Kingston PA 18704 CITY STATE ZIP CODE

PHONE # 570-714-9335 FAX# n/a

EMAIL ADDRESS: BWShiner@yahoo.com

SIGNATURE: [Signature] DATE: 7-13-2017

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary. All Invoices from and/or Payments made to 'Tech42' computer services.

- 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