

LUZERNE COUNTY
OFFICE OF LAW
ROMILDA P. CROCAMO, ESQUIRE
CHIEF COUNTY SOLICITOR



LUZERNE COUNTY
COUNTY MANAGER
C. DAVID PEDRI, ESQUIRE

COUNTY of LUZERNE
PENNSYLVANIA
ESTABLISHED 1786

August 29, 2017

Melanie Socach
100 North Pennsylvania Avenue
Wilkes-Barre, PA 18701
Email: Melanie.Socach@allonehealth.com
RE: RTK Request # 17-145

Dear Ms. Socach:

Thank you for writing to Luzerne County with your request for information pursuant to the Pennsylvania Right-To-Know law. My email is Jackie.Carroll@luzernecounty.org.

On August 29, 2017, the Luzerne County Office of Law received a request for documents from you described in the attached Right to Know request. Your request is denied for the following reasons pursuant to the Pennsylvania Right to Know Law ("RTKL").

Luzerne County does not have an EAP contract; therefore, your request is denied pursuant to §705 of the RTKL. §705 of the RTKL states that "when responding to a request for access, an agency shall not be 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".

You have a right to appeal this denial of information in writing to Office of Open Records, Commonwealth Keystone building, 400 North Street, 4th Floor, Harrisburg, PA 17120.

If you choose to file an appeal for any reason, you must do so within 15 business days of the mailing date of the agency's response. Section 1101. If you have further questions, please contact me. Please be advised this correspondence will serve to close this request with our office as permitted by law.

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Very truly yours,

A handwritten signature in blue ink that reads "Jacqueline Musto Carroll". The signature is written in a cursive style with a large initial "J".

JACQUELINE MUSTO CARROLL, ESQUIRE
Luzerne County – Open Records Officer



pennsylvania

OFFICE OF OPEN RECORDS

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: August 28, 2017

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): _____

NAME OF REQUESTER : Melanie Socash

STREET ADDRESS: 100 North Pennsylvania Avenue

CITY/STATE/COUNTY/ZIP(Required): Wilkes-Barre, PA 18701

TELEPHONE (Optional): 272-268-4037 EMAIL (optional): Melanie.Socash@allonehealth.com

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information.
Please use additional sheets if necessary*

The existing EAP contract or the historical contract if there is no existing EAP.
Please supply electronically, if possible.

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER:

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*