

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Markovic Tracy A
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 43 Fadem Road
STREET / P.O. BOX

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CITY STATE ZIP CODE

PHONE # 732-428-0096 FAX# 212-691-8800

EMAIL ADDRESS: tplanas@drsimaging.com

SIGNATURE: Tracy A. Markovic DATE: 11/22/2017

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.
I would like to request a copy of the bid results (pricing) submitted by each vendor
for the Image to Microfilm conversion project which was awarded to DRS

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