



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: __11/26/17

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

REQUEST SUBMITTED TO (Agency name & address):__Luzerne County _____

NAME OF REQUESTER : __Pennsylvania State Constable David Kneller_____

STREET ADDRESS: _____P.O. Box 485 _____

CITY/STATE/COUNTY/ZIP(Required): _____Schaefferstown, Pa 17088_____

TELEPHONE (Optional):__717-808-8788_____ **EMAIL (optional):**__Pa.constable@live.com_____

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

I am requesting information on a Mr. Joseph Van Jura.

I would like all checks paid to Mr. Van Jura for years 2014, 2015, 2016

I would like all invoices submitted by or for Mr. Van Jura for years 2014, 2015, 2016

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.)*