

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Munshower Karl J
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 103 Fern Way
STREET / P.O. BOX

Clarks Summit, PA 18411
CITY STATE ZIP CODE

PHONE # 570-881-0225 FAX# _____

EMAIL ADDRESS: kandcm@att.net

SIGNATURE: [Signature] DATE: 11/27/17

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.

All documentation regarding Emergency Services were dialed 911 from Baker Tully in W/B on 10/13/17 including paramedic report. Thank You.

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