



**pennsylvania**  
OFFICE OF OPEN RECORDS

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED: 10/23/17

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 a copy of the citations / complaint and also guilty pleas:*

	MJ-11308-NT-0000126-2013	MDJ-11-3-08	Comm. v. Salavantis, Cletta S	02/27/2013	Luzerne	Closed	Salavantis, Cletta S	P 8153860 -1	4/15/1947
	MJ-11308-NT-0000125-2013	MDJ-11-3-08	Comm. v. Salavantis, Cletta S	02/27/2013	Luzerne	Closed	Salavantis, Cletta S	P 8153861 -2	4/15/1947

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 \*\***

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**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.)*