



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: __03/24/2016_____

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

REQUEST SUBMITTED TO (Agency name & address): __Luzerne County Correctional Facility, 99 Water St., Wilkes-Barre, PA 18711

NAME OF REQUESTER : Brigid
Edmunds_____

STREET ADDRESS: __104 Meadow Lane

CITY/STATE/COUNTY/ZIP(Required): __Archbald PA
18403_____

TELEPHONE (Optional): _____ EMAIL
(optional): __bedmunds@m.marywood.edu_____

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 the number of incarcerated inmates due to drug affiliated crimes, compared to entire population of the prison. I am not looking for names on inmates, just numerical information to compare the population.

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.)*