

Correctional Care, Inc.

*4101 Birney Ave.
Moosic, PA 18507*



*Phone: 570.343.7364
Fax: 570.343.7367*

October 6, 2015

To whom it may concern,

Please reference the attached "Right to Know Request Form". Feel free to contact me via phone or Email if there are any further requirements you need for me at this time.

Thank you for your time and effort,

Bill Drazowski

A handwritten signature in cursive script that reads "Bill Drazowski".

C.O.O.

Correctional Care, Inc.

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Drzdzowski William E
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 4101 Birney Avenue
STREET / P.O. BOX
Mosic PA 18807
CITY STATE ZIP CODE

PHONE # 570-343-7364 FAX# 570-343-7367

EMAIL ADDRESS: Bdrzdzowski@comcast.net

SIGNATURE: William Drzdzowski DATE: 10-06-15

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.
I would like to request a copy of Luzerne County's
corrections/ medical care contract via open records/
right to know regulations, feel free to contact me
with further instructions.

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