



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 7-25-15

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

REQUEST SUBMITTED TO (Agency name & address): LUZERNE COUNTY RIGHT TO KNOW 200 RIVER STREET WILKES BARRE, PA 18711

NAME OF REQUESTER: JOSEPH YOSH

STREET ADDRESS: 335 E STATE ST

CITY/STATE/COUNTY/ZIP(Required): LARKSVILLE PA 18704-1015

TELEPHONE (Optional): 570 328-9901 EMAIL (optional): TRAPR50@AOL.COM

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

PRISONER LIST AT LUZERNE COUNTY CORRECTIONAL FACILITY AS OF 7-25-2015

PLEASE E-MAIL TO TRAPR50@AOL.COM

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or 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

RIGHT TO KNOW OFFICER:

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.)*