

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE

COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER:
(PLEASE PRINT CLEARLY)

Yosh
LAST

JOSEPH
FIRST

MI

MAILING ADDRESS:

335 E STATE ST

STREET / P.O. BOX

LARKSVILLE
CITY

PA
STATE

18704
ZIP CODE

PHONE #

570 287-2341

FAX#

EMAIL ADDRESS:

TRAPP JB @ AOL.COM

SIGNATURE:

Joseph Yosh

DATE:

4-29-15

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

LUZERNE COUNTY CORRECTIONAL FACILITY

INMATE POPULATION LIST AS OF 4-30-15

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