

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

**RIGHT TO KNOW LAW REQUEST FORM**

NAME OF REQUESTER: Yosh JOE  
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 335 E STATE ST  
STREET / P.O. BOX

LARKSVILLE PA 18704  
CITY STATE ZIP CODE

PHONE # 570 287 4582 FAX#

EMAIL ADDRESS: TRAPR50@AOL.COM

SIGNATURE: [Signature] DATE: 11-15-15

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

LUZERNE COUNTY CORRECTIONAL FACILITY  
POPULATION LIST AS OF NOVEMBER 15, 2015

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