



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 9-28-15

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

REQUEST SUBMITTED TO (Agency name & address): LUZERE COUNTY
OPEN RECORDS OFFICER

NAME OF REQUESTER: JOE Yosh PA CONSTABLE

STREET ADDRESS: 335 E STATE ST

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

TELEPHONE (Optional): 570 287-4582 EMAIL (optional): TRAPRJO @ AOL.COM

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

REQUEST

POPULATION LIST OF LUZERNE COUNTY
CORRECTIONAL FACILITY AS OF SEPT 30, 2015
PLEASE E-MAIL TRAPRJO @ 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.)*