

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Shiner Brian
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 97 West Walnut Street
STREET / P.O. BOX

Kingston PA 18704
CITY STATE ZIP CODE

PHONE # 570-714-9335 FAX#

EMAIL ADDRESS: BWSHiner@yahoo.com

SIGNATURE: *Brian Shiner* DATE: 8-13-15

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.
A list of all non-closed Luzerne County Bank Accounts by: *(or as many list) as necessary*
(1) Bank Name (2) Actual Account Name (3) Fund # (4) County Account Name (5) Current Balance
and (6) Authorized Signatory(s) by Name, Title and Current County Employment Status
for each account.

current = the date of this filing

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