

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

(Capital Associates)

NAME OF REQUESTER:

Davis

Josina

5

(PLEASE PRINT CLEARLY)

LAST

FIRST

MI

MAILING ADDRESS:

200 N. 3rd Street, Suite 13A

STREET / P.O. BOX

Harrisburg

CITY

PA

STATE

17104

17104

ZIP CODE

PHONE #

717-234-5306

FAX#

EMAIL ADDRESS:

summerintern@capitalassoc.com

SIGNATURE:

[Handwritten Signature]

DATE:

6/15/15

RECORDS REQUESTED

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

Requesting all active contracts for merchant processing services or electronic card services between the county and a third party.

PLEASE CHECK ONE OF THE FOLLOWING:

- I AM ONLY REQUESTING ACCESS TO THE DOCUMENT(S)
[X] 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