

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

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

MAILING ADDRESS: STREET / P.O. BOX

CITY STATE ZIP CODE

PHONE # FAX#

EMAIL ADDRESS:

SIGNATURE: Saif Mohammed DATE: 8/11/2020

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

Four horizontal lines for specifying records requested.

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

RESPONSE TO 2020-129
Email response with link

Dear Mr. Mohammed,

Attached please find the link from our website that should give you a list of all referenced medical care contracts with the Luzerne County Correctional Facility.

Our County posts all contracts on the website, for your convenience so you will not need to file a right to know request. However, please feel free to reach out to us for any assistance.

www.luzernecounty.org/Search?searchPhrase=LCCF%20medical%20contract

Thank you,
Laura Dennis