

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

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

MAILING ADDRESS: 520 Buchanan Street
STREET / P.O. BOX

Hillside NJ 07205
CITY STATE ZIP CODE

PHONE # 732-684-1905 FAX#

EMAIL ADDRESS: kapone2004@aol.com

SIGNATURE: Fakhir Jenkins DATE:

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.
I am requesting an opportunity to obtain copies of public records that lists the unclaimed excess proceeds from the tax sales, 2012 - present. I need this in electronic format (Excel or CSV if available) with Tax Sale date, Surplus Amount, Owner/Address and Parcel Number if possible.

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...)
[X] 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