

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: DATE:

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

Four horizontal lines for entering 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