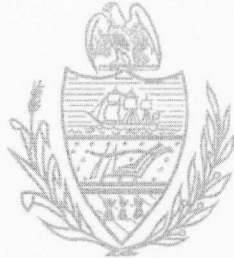


RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

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

MAILING ADDRESS: 348 Highland Ave
 STREET / P.O. BOX

Trucksville PA 18708
 CITY STATE ZIP CODE

PHONE # 570-696-1218 or 570-239-0025 FAX# 570-735-6677

EMAIL ADDRESS: IMABARI1@aol.com

SIGNATURE: *Walter Griffith* DATE: 1-16-18

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

I am requesting the 24 employee's names and amount of refund or amount required to reimburse Luzerne County regarding the Health Care Audit recently performed by the Luzerne County Controller.

The audit indicates 24 insurance recipients had errors: 11 who overpaid \$10.90 to \$23.01 per paycheck and 13 who paid \$6.08 to \$42.08 less than required per pay

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