

LUZERNE COUNTY  
OFFICE OF LAW  
ROMILDA P. CROCAMO, ESQUIRE  
CHIEF COUNTY SOLICITOR



LUZERNE COUNTY  
COUNTY MANAGER  
C. DAVID PEDRI, ESQUIRE

COUNTY of LUZERNE  
PENNSYLVANIA  
ESTABLISHED 1786

Right-To-Know Response Form

Date: February 6, 2018  
Date Request Received: February 2, 2018  
Five Business Day Response Date: February 9, 2018  
RTK Request #18-27

James Grammond  
980 Harvest Drive, Suite 202  
Blue Bell, PA 19422

Email: None

Thank you for writing to Luzerne County with your requests for information pursuant to the Pennsylvania Right-To-Know Law.

Your requests for information have been received and are under review. The Pennsylvania Right-To-Know Law requires a response within five (5) business days; however, we require a thirty (30) day extension for the following reason(s):

- (1) the request for access requires redaction of a record in accordance with section 706;
- (2) the request for access requires the retrieval of a record stored in a remote location;
- (3) a timely response to the request for access cannot be accomplished due to bona fide and specified staffing limitations;
- (4) a legal review is necessary to determine whether the record is a record subject to access under this act;
- (5) the requester has not complied with the agency's policies regarding access to records;
- (6) the requester refuses to pay applicable fees authorized by this act; or
- (7) the extent or nature of the request precludes a response within the required time period.

Page Two

You should expect a response to your requests no later than March 8, 2018.

Very truly yours,



JACQUELINE MUSTO CARROLL, ESQUIRE  
Luzerne County – Open Records Officer  
200 North River Street  
Wilkes-Barre, PA 18711

18-27



**pennsylvania**  
OFFICE OF OPEN RECORDS

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED: 2/1/2018

REQUEST SUBMITTED BY:       E-MAIL       U.S. MAIL       FAX       IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): Luzerne County, 200 N River St, Wilkes-Barre, PA 18711

NAME OF REQUESTER : James Grammond  
STREET ADDRESS: 980 Harvest Drive, Suite 202

CITY/STATE/COUNTY/ZIP(Required): Blue Bell, PA 19422

TELEPHONE (Optional): 215-542-5800      EMAIL (optional): \_\_\_\_\_

RECORDS REQUESTED: *\*Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

***The most recent contract for the provision of correctional medical services***

DO YOU WANT COPIES?  YES  NO (electronic if possible)

DO YOU WANT TO INSPECT THE RECORDS?  YES  NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?  YES  NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100?  YES  NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

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**FOR AGENCY USE ONLY**

OPEN-RECORDS OFFICER:

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*