OFFICIAL USE ONLY

RTK REQUEST NUMBER	DATE RECEIVED	5 DAY RESPONSE DATE

COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

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

MAILING ADDRESS: 91 Goss Road
STREET / P.O. BOX

Sweet Valley (CITY) PA (STATE) 18656 (ZIP CODE)

PHONE # 570 991 8913 **FAX#**

EMAIL ADDRESS: mgiamber@yahoo.com

SIGNATURE: **DATE:** 2/19/2018

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

911 - EMERGENCY MANAGEMENT RECORDS

Requesed information:

1. Time Response Logs for Fairmount Township Volunteer Fire Department
2. No Crew Report - Tone Outs, for Fairmount Township Volunteer Fire Department

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...)