

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

**RIGHT TO KNOW LAW REQUEST FORM**

NAME OF REQUESTER: BRENNAN MARK  
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 509 E. CHURCH STREET  
STREET / P.O. BOX

ORWIGSBURG PA 17961  
CITY STATE ZIP CODE

PHONE # 484-202-0583 FAX# \_\_\_\_\_

EMAIL ADDRESS: MARKBRENNAN110@GMAIL.COM

SIGNATURE: Mark Brennan DATE: 02-09-17

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

Respectfully requesting records showing the amounts of any and all compensation paid to

Wright Township Tax Collector Barbara Macko from 1995 upto and including the date of this request.

Requesting this information be listed by year if possible. Regards MB

**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