RTK REQUEST NUMBER	DATE RECEIVED	5 DAY RESPONSE DATE

COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: MORAN PAULA
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 34-3 SHUNPIKE RD, #114
STREET / P.O. BOX

CROMWELL CT 06416
CITY STATE ZIP CODE

PHONE # 475-209-2099 **FAX#**

EMAIL ADDRESS: PAULABHAFUNDING@GMAIL.COM

SIGNATURE: **DATE:**

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

PLEASE SEE ATTACHED EMAIL FOR 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