



RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: Month Sept. Day 7 Year 2018

REQUEST SUBMITTED BY: ☒ EMAIL ☐ US MAIL ☐ FAX ☐ IN-PERSON

NAME OF REQUESTOR: Augie Torres

STREET ADDRESS: Dept. MR60283, 411A Highland Ave.

CITY/STATE/COUNTY/ZIP (Required): Somerville, MA 02144

TELEPHONE: 617-299-1832

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information.*

A copy of the current contract between the County and the current vendor for inmate communication services at the County Correctional / Detention Facility. This may encompass telecommunication, kiosk, and mobile tablet services. I am requesting that the information provided contain the term and expiration date of the current contract (including any optional contract extensions), as well as the current telecommunications provider and the services currently being provided pursuant to the agreement.

DO YOU WANT COPIES? ~~YES~~ YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

Please forward completed Right to Know Request Forms to Lackawanna County Open Records Officer Fran Pantuso, Outreach Manager, Commissioners' Office, 200 Adams Avenue, 6th Floor, Scranton, PA, 18503, 570-963-6750, pantusof@lackawannacounty.org.

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-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.)*