

## Public Records Request Form

Please complete so that we can get you the documents you request with the utmost efficiency and accuracy.

Identity is not required of public records, however in order to document the distribution of said records it is requested by the Board of Education.

Date:		
Name (Optional):		
Address (Optional, but requ	uired if records are to be mailed):	
Address:		
City/State:		
Zip Code:		
Phone (Optional):	()	
Email:		
Please Choose One:	<ul><li>Inspect the following public record(s)</li><li>Receive a copy of the following public record(s)</li><li>Gather requested documentation for court case</li></ul>	
Records Requested (Please	e be specific):	