Public Records Request Form

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

NOTE: 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.

Name (Optional):	Date:
Address (Optional, but required if reco	ords are to be mailed):
Phone (Optional)	
Email:	
Please Choose One:	
Inspect the following public re	ecord(s)
Receive a copy of the followin	g public record (s)
Gather requested documentat	ion for court case
Records Requested (Please be specific	c):