

REQUEST TO INSPECT AND/OR COPY RECORDS

Date: _____

To: _____

FOIA Officer Name

Freedom of Information Officer

c/o Central Administrative Office

Address

Phone Number

Email Address

I hereby request to inspect copy* the following records:
Please describe requested records as specifically as possible, attaching additional page if necessary.

*There is no charge for the first 50 black and white, letter or legal sized copies. The fee for additional copies is 15 cents per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g. compact disk, tape, DVD), when applicable.

Is this request for a commercial purpose? Yes No

Are you requesting a waiver or reduction of copying fees? Yes No

If yes, what is the purpose of/reason for this request? _____

DO NOT WRITE IN THIS SPACE

Date Received by District

Requester's (Printed) Name

Requester's Signature

Address

Phone Number

Email Address