

BRADFORD EXEMPTED VILLAGE SCHOOLS PUBLIC RECORDS REQUEST

Note to Requester: Retain a copy of this request for your files.

Name and Address of Public Agency or Official Receiving Request: _____

Date Requested: _____

Request Submitted By: _____ E-Mail _____ U.S. Mail _____ Fax _____ In Person

Name of Requester: _____

Street Address: _____

City/State/County/Zip (required): _____, _____, _____

Telephone (Optional): E-mail (Optional): _____

Fax (Optional): _____

Records Requested:

Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

Do you want copies of the documents? YES _____ -or- NO _____ (10 cents per copy)

Do you want Electronic Copies or Paper Copies? _____

--If you want Electronic Copies, in what format? _____