

PUBLIC RECORDS REQUEST
FAIRFIELD CITY SCHOOL DISTRICT

To be completed by the person requesting information:

NAME: _____

MAILING ADDRESS: _____

DAYTIME PHONE NUMBER: _____

_____ I am requesting a copy of the following record (s):
(Please list specifics of request)

_____ I wish to review the following record (s):
(Please list specifics of request)

I understand that I will be contacted within 5 working days to advise when the records will be available. I understand that a charge of \$.10 per page will be billed to me for any copies requested. I am aware that records may not be removed from the office where they are maintained.

Signature Date

To be completed by District Staff:

Date Records Request was received: _____

Signature of Records Officer

Acknowledgement of Receipt of Requested Information

- _____ I acknowledge the receipt of the information requested.
- _____ I acknowledge that I reviewed the information requested.

Signature Date