

ZIONSVILLE

— COMMUNITY SCHOOLS —

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

By completing this form, you are helping us administer the Access to Public Records Act.

Name: _____

Address: _____

Home phone: _____ Business phone: _____

Date of request: _____ Time of request: _____

Please identify with reasonable particularity the record(s) being requested: _____

This is a request for: _____ you to allow me to inspect the record.

_____ you to provide me with a copy of the record at \$.05 per page.

I understand that I must pay the copying fee before the record will be copied.

_____ electronic records if available

Signature: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date and time request received: _____

Name of person receiving request: _____

Disposition of request: _____

Disposition date and time: _____