

HOLLIDAYSBURG AREA SCHOOL DISTRICT

PUBLIC RECORDS REQUEST FORM

DATE REQUESTED _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN PERSON

NAME OF REQUESTER _____

STREET ADDRESS _____

CITY/STATE/COUNTY (Required) _____

TELEPHONE (Optional) _____

RECORDS REQUESTED:

Provide as much specific detail as possible so the agency can identify the information.

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

OPEN RECORDS OFFICER _____

DATE RECEIVED BY THE AGENCY _____

AGENCY FIVE (5) DAY RESPONSE DUE _____

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.)
Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*