PUBLIC RECORDS REQUEST FORM

DATE REQUESTED: __________________________________________

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

NAME OF REQUESTOR (optional): _____________________________________________________

ADDRESS (optional): __________________________________________________________________

EMAIL (required for PDF): ______________________________________________________________

RECORDS REQUESTED-PLEASE BE AS SPECIFIC AS POSSIBLE:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

INCLUSIVE DATES OF RECORD REQUESTED: _____________________________________________

☐ I would like to inspect these records in the building when ready

☐ I would like these records copied and I will pick them up when ready*

☐ I would like these records emailed to me at the above email address on this form

Requests for records may be made during regular business hours to:
Berkshire Local School District
Beth McCaffrey, Treasurer
14155 Claridon Troy Rd.
Burton, OH 44021
440-834-3380
beth.mccaffrey@berkshireschools.org

*fees for copies of public records may be charged which covers the direct costs of duplication incurred by the Berkshire Local School District per the current board policy

Office use only

Date document provided to requestor: _____________________ Delivery method: _________________
Initials: ____________________