

Fleetwood Area School District

ADMINISTRATION OFFICE • 801 N. Richmond Street, Fleetwood, PA 19522-1031

Phone: 610-944-8111 • FAX: 610-944-9408 • E-mail: gmiller@fleetwoodasd.org



Greg M. Miller, Ed.D.
Superintendent

RIGHT - TO - KNOW WRITTEN REQUEST FORM*

DATE REQUEST SUBMITTED: _____

TO: Dr. Greg M. Miller, Open - Records Officer
Fleetwood Area School District
801 N. Richmond Street
Fleetwood, PA 19522

Request submitted:

- By Email to:** gmiller@fleetwoodasd.org
- By Fax to:** 610.944.9408
- In-Person**
- By U.S. Mail**

Notice: *Employees are directed to promptly forward requests for public records to the open - records officer.*

**NAME AND ADDRESS TO WHICH AGENCY'S RESPONSE SHOULD BE ADDRESSED:
(Required)**

TELEPHONE Number (Optional): _____

E - MAIL Address (Optional): _____

(Provision of your telephone number and/or e-mail address will assist the agency in clarifying your request and could expedite the response)

RECORDS REQUESTED (Provide as much specific detail as possible so the agency can identify records containing the information you are seeking and fully respond) **(Attach additional sheets as needed):**

PLEASE CIRCLE:

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT COPIES OF THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

IF YOU HAVE REQUESTED COPIES, WHAT MEDIUM DO YOU PREFER? *e.g.,* paper or on disk? _____

NOTE: Pursuant to the agency's fee schedule, fees may be required in connection with your request

*If a requester wishes to pursue relief or remedies provided for in the Right-to-Know act, the request for access to records must be in writing, addressed to the designated open records officer, include a name and address for the agency response and identify or describe records with sufficient specificity to enable the agency to ascertain what records are requested. Section 702 -703, Right-to-Know law.

Office use only:

Date of receipt of written request _____

Date five business day initial response period expires _____