

POLAND CENTRAL SCHOOL

FREEDOM OF INFORMATION REQUEST FORM



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| Name of Requestor: | |
| Address of Requestor: | |
| Signature of Requestor: | |
| Phone Number: | |
| Date of Request: | |

In accordance with the provisions of the New York State Freedom of Information Law, please provide me with the copies of the following documents: (please be specific)

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Fees for copying the records are Twenty-Five Cents (\$.25) per page.

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| Request Approved: | |
| Request Denied: | |
| Date Processed: | |
| Signature of Officer: | |

Additional Information and/or Notes:

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