



Lisbon Exempted Village School District
Public Records Request:

Date Request Received: _____

In person ____ Verbal ____ Written (date stamp) /E-Mail ____

Name of Requestor: _____

- Only if voluntarily provided

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

- Required for mailing of response

Phone: (Optional) _____

E-Mail: (Optional) _____

Description of Records: _____

Desired Format: (Paper, Electronic, Etc.) _____

Method of Delivery: (In person / e-mail / standard mail / electronic media)

Please forward this request to Jennifer Coldsnow, Treasurer