

FOIL Request

Email Requests to FOIL-Requests@ercsd.org

Date _____

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____

State _____ Zip _____ Telephone _____ Alternate Telephone _____

Signature of person making request _____

Email address _____

Return Records By Mail to above Address _____ Email _____

Name of Record _____

Description of Record

Describe the record(s) you are seeking in as much detail as possible. (Where possible provide date, title, file designation, or other information to help identify the record.) Note there is a \$0.25 per page charge for paper copies. If preparation of records requires more than 2 hours the preparation may be charged at the lowest hourly rate to prepare them.

Completed _____