

**CITY OF CHICKASAW BOARD OF EDUCATION
REQUEST FOR PUBLIC RECORDS**

Date: _____

Name and Organization: _____

Residence Address (or if organization, address of principal place of business):

_____ City: _____ State: _____ Zip: _____

Email: _____ Contact Phone # _____

I request to review and/or copy the following public records of the Board:

Valid reasons for reviewing public records must be provided so that the Board can determine that the request is for a legitimate or proper purpose. The reason(s) that I desire to review these records is/are:

Name of Person Making Request (please print)

Date

EMAIL REQUEST TO: recordsrequest@chickasawschools.com

This Space Below is For the Board's Official Use Only

[] Request Approved

Date Received

[] Request Denied

Signature of Authorized

Date