

Keystone Local School District

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PUBLIC RECORDS REQUEST FORM

****Note to Requester: Retain a copy of this request for your files.****

Name of Employee Receiving Request: _____

Date Requested: ____/____/____

Request Submitted By:

____ E-Mail
____ U.S. Mail
____ In Person

Name of Requester: _____

Street Address: _____

City/State/County/Zip: _____

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Records Requested: **Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

Do you want copies of the documents? YES -or- NO

--Do you want Electronic Copies or Paper Copies? _____

--If you want Electronic Copies, in what format? _____