## Niles City School District Request for Public Records

		DATE OF	DATE OF REQUEST//		
NAME OF REQUESTER					
Address					
Phone	Street Email	City	State	Zip	
- Hone					
DESCRIBE RECORDS REQUEST W REVIEW THE RECORDS. If reques					
INDICATE METHOD BY WHICH Y	OU WISH TO VIEW THE REQI	UESTED RECORDS			
□ Wish to inspect record					
•	of records for pick-up or deli	very			
PREFERRED METHOD OF COMM					
□ By Phone	□ By Email				
INDICATE METHOD BY WHICH Y			. – .,		
□ Will Pick Up	☐ Send Via US Mail	□ Send V	ia Email		
I understand that , per Niles City before copies are rendered at a c photo ID upon pick up. I also ack that may be related to a record be respond to a public request for into requests for information when information and/or records may	ost of \$.10 per page plus main nowledge that State law does out is not part of a record; that formation if no public record the information requested is	iling materials and postage a s not require the District to pr at the District is not required t I is available that is responsive s not contained in a public rec	nd that I must pro rovide additional to create a new ro e to the request o	ovide my information ecord to or to respond	
Requester Signature			Date/	/	
• • • • • • • • • • • • • • • • • • • •					
	FOR OFFICE	USE ONLY			
Processed by (District Records O	fficar Nama)				
☐ Request is Approved	incer (Name)				
☐ Records are Not Availabl	ρ				
Reason not available					
		censored or obscured for leg	al or security pur	poses)	
•	•		, ,	, ,	
☐ Request is Denied					
•					
Fee Amount Due upon Pick-up or	· Delivery \$				
Date Completed / /	Date Contacted /	/ Date Picked Un	/Mailed /	/	