

BLAIRSVILLE-SALTSBURG SCHOOL DISTRICT
INDIANA COUNTY, PENNSYLVANIA

Request for Public Records Form

NAME OF REQUESTER _____

ADDRESS _____

TELEPHONE NUMBER _____

DATE OF REQUEST _____

SIGNATURE OF
REQUESTER _____

PUBLIC RECORD REQUESTED _____

PREFERRED METHOD TO RECEIVE REQUEST:

PICK-UP _____ MAIL _____ FACSIMILE _____ E-MAIL _____

(OFFICIAL SCHOOL DISTRICT USE ONLY)

DATE REQUEST RECEIVED _____

DATE OF RESPONSE TO REQUEST _____

_____ GRANTED _____ DENIED _____ PARTIAL GRANT/DENIED

METHOD USED TO PROVIDE RESPONSE:

PICK-UP _____ MAILED _____ FACSIMILE _____ E-MAIL _____

REASON FOR THE DENIAL OR PARTIAL DENIAL: _____

NUMBER OF COPIES _____ POSTAGE AMOUNT: _____ MISC. COST _____

TOTAL COST: _____