

MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT
PUBLIC RECORDS REQUEST

Name: _____

Address: _____

Home Phone: () _____ Business Phone: () _____ Ext. _____

_____ I wish a copy of the following record(s) (specify)

_____ I wish to review the following record(s) (specify)

I understand I will be contacted within 10 business days as to when I may view these records. I also understand that a fee will be charged for all copies that I request to be made. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

Signature

Date

Receipt/Acknowledgement Form

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above unless the records have been determined to be unavailable per the Response to Public Records.

Signature

Date

FOR OFFICE USE ONLY
Date Received: _____

Date Response Sent: _____

Adopted: 7/17/03