

TROY SCHOOL DISTRICT #287
4000 – COMMUNITY RELATIONS

District Record Request Form

4130F

Request for Public Records

I request: to examine to copy to receive an electronic copy of the
following records (please be as specific as possible):

Date Records Request Were created:

Beginning: _____

Ending: _____

Name (Please Print)

Email Address (required):

Physical Address (required):

Mailing Address:

Daytime Phone Number

District Record Request Form (continued)

Date of request: _____

Received By: _____

Date Received: _____

Public Agency: _____

_____ Initial if Applicable: More than three working days are needed to locate or retrieve the requested records. A response shall be provided within ten working days of the request.

Payment received for _____ copies _____

Amount Received: _____

Payment received for _____ labor _____

Amount Received: _____

Receipt Number