



Crawford Central School District

OFFICE OF BUSINESS MANAGER /
BOARD SECRETARY /
OPEN RECORDS

PUBLIC RECORD REQUEST FORM

Requester Name: _____

Requester Mailing Address: _____

Phone: (____) _____ - _____ Email: _____

Please identify or describe the records sought:

(Please attach an additional sheet of paper if necessary)

Please note the format you would like the records to be in such as in

- Paper
- Electronic format _____

(Records will be provided in the format requested, if it exists in that format; otherwise it will be provided in the format in which it exists.)

I am requesting that:

- The identified records be mailed to me at the address provide. I understand certain duplication and postage fees apply.
- The records be made available for inspection at the offices of the Crawford Central School District during regular business hours.
- The records be forwarded to me electronically.
- Certified copies of the records be made available to me. I understand that fees for providing certification of records apply.

Signature of Requester

Date Request Submitted

For Open-Records Officer Use Only

____/____/____ Date of Receipt:

5 Day Response Date: ____/____/____

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