ALEXANDER LOCAL SCHOOL DISTRICT - PUBLIC RECORD REQUEST

(A request for records does not have to be made in writing and the requestor does not have to provide his/her identity or intended use of the request. However, the voluntary disclosure of this information can aid the public office in locating and producing the desired records.)

Date Requested: _____

Request Submitted By: _____ E-Mail _____ U.S. Mail _____ Fax _____ In Person

Name of Requester: _____

Street Address: _____

City/State/County/Zip: _____

Telephone (Optional): _____ E-mail (Optional): _____

Fax (Optional): _____

Records Requested: **Provide as much specific detail as possible so the public body can identify the records that you are seeking. You may attach additional pages, if necessary.*

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If you have any questions, please contact the public records custodian at (740) 698-8831.