

SENECA HIGHLANDS INTERMEDIATE UNIT NINE

**Request Form
for access to Public Records under the Right-to-Know Law (Open Records)**

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY / STATE / COUNTY: _____

TELEPHONE: _____

RECORDS REQUESTED: *Please provide as much specific detail as possible to enable us to correctly identify information requested.*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

*** FOR OFFICE USE ***

DATE REQUEST RECEIVED: _____

FIVE (5)-DAY RESPONSE DUE: _____

RESPONSE:

_____ ACCESS GRANTED < Date Records Released _____

_____ ACCESS DENIED < Reason _____

OPEN RECORDS OFFICER (*signature*)

DATE