



## Freedom of Information Request Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Please provide details of the documents sought, being as specific as possible:

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I understand that I am responsible for copying charges for the documents requested, at a fee determined by the district. I also understand that I will be notified of the decision on access to documents before any payment is required. I certify that I will not use the information for unlawful or commercial purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please submit completed form to Megan Collins, Horseheads Central School District, One Raider Lane, Horseheads, NY 14845, or mcollins@horseheadsdistrict.com. You will receive a response within five business days. Please direct any questions to 739-5601, x4211.*