



Freedom of Information Request Form

Name _____ Date _____

Address _____

Daytime Phone _____ Evening Phone _____

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

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 Judy Christiansen, Horseheads Central School District, One Raider Lane, Horseheads, NY 14845. You will receive a response within five business days. Please direct any questions to 739-5601, x4211.