

**RED CLAY CONSOLIDATED SCHOOL DISTRICT
FREEDOM OF INFORMATION ACT REQUEST FORM**

Date of Request: _____

I hereby request copies of the following public record(s) or document(s). **(Please explain your request in detail and include fiscal year, if applicable.)**

I understand that the Red Clay Consolidated School District will assess a fee of \$0.10 for each page copied and, in special circumstances, additional fees as set forth in Board of Education Policy No. 1004. I understand that the Red Clay Consolidated School District will contact me with an estimate of fees.

Detail of Request:

(PRINT) Requester's Name Requester's Signature

Company/Business Address

Address

Telephone Number

Email

Fax Number

Official Use Only

Date Received: _____

Amount Due: _____

Check No./Credit Card No: _____

Superintendent/Designee

Date Paid: _____

FOIA Request No. _____ - _____
