

FREEDOM OF INFORMATION ACT REQUEST FORM

Persons requesting to review or copy public records of the Indian River School District shall complete and submit this request to the office of the Superintendent.

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

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E mail Address: \_\_\_\_\_

Record(s) to be examined and/or copied. Explain in detail and include fiscal year(s) if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Making Request: \_\_\_\_\_

Signature of Superintendent/Designee: \_\_\_\_\_

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