

REQUEST FOR ACCESS TO PUBLIC RECORDS

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

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

Company Name/Job Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Proof of PA Residency: (Driver's License, etc.) \_\_\_\_\_

RECORDS REQUESTED:

Title of Record(s): \_\_\_\_\_

Date(s) of Record(s): \_\_\_\_\_

Please describe below the record(s) you are requesting and any additional information that will help us locate them for you as quickly as possible.

\_\_\_\_\_

\_\_\_\_\_

All requests for records and information shall be responded to within a reasonable time period. If the records and information cannot be located in time to make a response within five (5) working days of this request, the requesting party shall be promptly advised. All requests shall be in writing and sent by mail, fax 814-536-8902, or dropped off in person to Conemaugh Valley School District, Attn: Mr. Shane Hazenstab, Superintendent, 1340 William Penn Ave., Johnstown, PA 15906. We do not respond to oral requests or anonymous requests for records.

\_\_\_\_\_

**For Official Use Only:**

Name of person handling request: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

\*Charge of 25¢ per page copied (i.e. – one-sided is one copy, two-sided is two copies)