



Intergenerational

SCHOOLS

A COMMUNITY OF LIFELONG LEARNERS

Name and Address of Public Agency or Official Receiving

Request: _____

Date Requested: _____

Request Submitted By: _____ E-Mail _____ U.S. Mail _____ Fax _____ In Person

Name of

Requester: _____

Street Address:

City/State/County/Zip (required):

Telephone (Optional): _____

E-mail (Optional): _____

Records Requested: **Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

Do you want copies of the documents? YES - or - NO

--Do you want Electronic Copies or Paper Copies?

--If you want Electronic Copies, in what format?



Intergenerational SCHOOLS

A COMMUNITY OF LIFELONG LEARNERS