

PICKAWAY COUNTY EDUCATIONAL SERVICE CENTER 2050 STONERIDGE DRIVE CIRCLEVILLE OH 43113 740-474-7529

REQUEST FOR PUBLIC RECORD

PLEASE COMPLETE THIS FORM AND SUBMIT TO SUPERINTENDENT OR TREASURER

Request Date	REQUESTOR Name- First a	nd Last	
Record Type requested		Medium/ Source requested	
Purpose of the Record Request (not required)		Additional information helpful	
Requestor Signature	e	Phone	Date
US Mail Address		Email Address	
	Provider/ Supt or Treasu	urer / District Office	e Rep
Provided BY	Date	Record type, description provided	
Medium the Record	I was provided in:		
Where was the record sent: email, US mail, in person pick up at office. etc.			Date