This form has been created to track requests for information which require staff research. In accordance with 1 MRSA § 401, the Superintendent/designee shall acknowledge receipt of a request for inspection and/or copying of public records within a reasonable period of time, five working days when feasible. If the request is denied, the Superintendent/designee shall inform the requestor in writing within five working days of the request and shall state the reason for the denial. A fee of twenty-five cents ($0.25) per page will be charged to cover the cost of copying. A fee of fifteen dollars ($15.00) per hour after the first hour of staff time per request will be charged to cover the actual cost of searching for, retrieving, and compiling the requested public record. If translation is required a fee shall be charged to cover the actual cost of translation. No fee shall be charged for inspection of public records.

Applicant(s): _________________________________________ Phone #: _________________________

Address: _____________________________________________________________________________

Type of Information Requested (include dates, if applicable):

- [ ] Correspondence ________________________________________________________________
- [ ] School Board Agendas/Minutes _________________________________________________
- [ ] Bargaining Unit Contracts _____________________________________________________
- [ ] Other (be specific) _____________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

For Office Use Only

Request received by: ___________________________ Date: ________________

Request completed by: _________________________ Date: ________________

Fee _________________________

- [ ] Cash
- [ ] Check# ___________
- [ ] MO ___________

Time Spent Researching:

<table>
<thead>
<tr>
<th>Date/Hrs</th>
<th>Date/Hrs</th>
<th>Date/Hrs</th>
<th>Total Time: ________________</th>
</tr>
</thead>
</table>

Note additional Date/Hrs on back of form, if needed

Return request to AOS98 Central Office, 51 Emery Lane, Boothbay Harbor, ME 04538
info@aos98schools.org   207.633.2874