## COLUMBIANA EXEMPTED VILLAGE SCHOOL DISTRICT PUBLIC RECORDS REQUEST

| DATE OF REQ               | UEST:                            |  |                   |  |
|---------------------------|----------------------------------|--|-------------------|--|
| NAME OF REC               | QUESTOR:                         |  |                   |  |
|                           | (only if voluntarily provided    | ; requests can be under a pseudonym or | made anonymously) |  |
| ADDRESS:                  |                                  |  |                   |  |
| (required for ma          | il)                              |  |                   |  |
|                           |                                  |  |                   |  |
| PHONE #                   |                                  |  |                   |  |
| (optional)                |                                  |  |                   |  |
|                           |                                  |  |                   |  |
| HOW WOULD                 | YOU LIKE TO RECEIVE T            | HIS INFORMATION?                       |                   |  |
| FORMAT:                   | ELECTRONI                        | ELECTRONIC                             |                   |  |
|                           | PAPER                            |  |                   |  |
| METHOD: PICK UP IN PERSON |                                  |  |                   |  |
|                           | STANDARD MAIL (address required) |  |                   |  |
|                           | EMAIL                            | EMAIL ADDRESS:                         |                   |  |
|                           | FAX                              | FAX #:                                 |                   |  |
|                           | OTHER                            | DESCRIBE:                              |                   |  |
| PLEASE GIVE               | A DETAILED DESCRIPTIOI           | N OF THE RECORDS REQUESTED:            |                   |  |
|                           |                                  |  |                   |  |
|                           |                                  |  |                   |  |
|                           |                                  |  |                   |  |
|                           |                                  |  | _                 |  |
|                           |                                  |  |                   |  |
|                           |                                  |  |                   |  |
|                           |                                  |  |                   |  |

PLEASE FORWARD REQUEST TO KATHY L. DAVIES, TREASURER

MAIL: 700 COLUMBIANA WATERFORD ROAD

COLUMBIANA, OH 44408

EMAIL: KATHY.DAVIES@COLUMBIANASCHOOLS.ORG

FAX: 330-482-5361