



Hamilton Community Schools

#EachWillThrive

PUBLIC RECORDS REQUEST

Freedom of Information Act (FOIA)

Today's Date _____

REQUESTOR

Name _____

Address _____ City _____ State _____

Zip _____ Phone _____ Email _____

Information Requested

Please describe specifically the document(s) you are requesting a copy of or requesting to review, providing as much detail as possible, so we may respond to your request appropriately. Other documents may be attached to better clarify the request.

Format Requested

(Note, if paper copies are requested for documents available online, fees for searching, locating, examining, and copying such records will apply.)

☐ Paper mailed to address above

☐ Digital mailed to address above

☐ Pick up

☐ Other (please specify)

Requestor's Signature

Date

Office Use Only

Date Received _____

Required Response Date
(5 business days) _____

Extension Response Date
(10 additional business days) _____

- ☐ 10-Day Extension
☐ Estimate Provided
☐ Clarification of Request
☐ Requested Information Provided
☐ Denial

Date Sent _____