

**TOWNSHIP OF FRANKLIN BOARD OF EDUCATION**

**REQUEST FOR PUBLIC RECORDS**

**(Please print all information)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Describe which public record(s) you wish to review. Please be specific and indicate if you would like a copy. Charges for copies are as listed at the bottom of this form. Allow at least seven working days to process your request. You will be contacted when it is available.

	<u>Nature of Public Record</u>	<u>Copy Needed</u>	
1.	_____	Y	N
2.	_____	Y	N
3.	_____	Y	N
4.	_____	Y	N
5.	_____	Y	N

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**For Administrative Use Only**

\_\_\_ Request approved. Material will be available by \_\_\_\_\_

\_\_\_ Request denied. Reason: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy Charges

pp. 1-10 \_\_\_\_\_ x .75 = \_\_\_\_\_ Amount Received: \_\_\_\_\_

pp. 11-20 \_\_\_\_\_ x .50 = \_\_\_\_\_ Date: \_\_\_\_\_

pp. 21+ \_\_\_\_\_ x .25 = \_\_\_\_\_ Received by: \_\_\_\_\_