

Parma City School District Board of Education

Public Records Request Form

Please read carefully:

This form may be used to request public records.

If a requestor does not wish to use this form, the requestor may contact the Parma City School District's Records Custodian/Officer, Sean Nuccio, by email, telephone or regular US mail:

nuccios@parmacityschools.org

(440) 885-2325

5311 Longwood Avenue, Parma, OH 44134

Date: _____

Name (supplying your name is optional): _____

Description of the requested records: _____

Please indicate one of the following methods that the requestor would like to receive the requested records:

_____ in person. Please supply your telephone number, email address or other contact information so that we can communicate with you regarding your request: _____
There is no charge for inspecting public records. If the requester wishes to obtain a copy of any public record, the District may assess a per page copy charge of \$0.10. Payment will be required before obtaining any copies.

_____ e-mail. Please supply your email address here: _____
There is no charge for transmitting public records to you by email unless redactions are necessary and a record was printed with a redaction at which time the \$0.10 per page fee applies and must be paid prior to the release of records.

_____ standard mail. Please supply your telephone number, email address or other contact information so that we can schedule can communicate with you regarding your request: _____
The District may assess a per copy charge of \$0.10. Payment will be required before obtaining any copies.

_____ electronic media or other format. Please describe: _____
Please supply your telephone number, email address or other contact information so that we can schedule can communicate with you regarding your request: _____
The District may assess the actual cost of the requested electronic media (e.g., the cost of a flash drive), plus copy charges of \$.10 per page for any records printed and copied as a result of record redaction. Payment must be made prior to the release of records.

Below is for office use only

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Date received: _____

Tracking number: _____

Date of acknowledgement to requestor: _____

Completion date: _____