

**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
6800 Commonwealth Blvd., Parma Heights, OH 44130

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 before the release of records.

Date received: _____ Completion Date: _____
Tracking number: _____ Date of Acknowledgement to requestor: _____