



Zachary Community School System PUBLIC RECORDS REQUEST FORM

COMPLETE BELOW:

DATE: _____

LAST NAME: _____ FIRST NAME _____ MIDDLE INITIAL _____

NAME OF ORGANIZATION/COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____) _____ - _____ FAX: (____) _____ - _____

EMAIL: _____

Description of Records Requested (Type or Print):

Delivery Information—Check appropriate box. Cost of copies shall be paid in advance of delivery.

Make public records available for viewing. The requestor will be notified when records are available for review at the Zachary Community School District Central Office. There is NOT COST to view the public record.

Make copies for pick up by requestor. The requestor will be invoiced and must pay for the copies before the copies are released.

Make copies and mail to requestor. The requestor will be invoiced and must pay for the copies before the copies are released.

Make copies and fax to requestor. The requestor may be invoiced, and if so, the requestor must pay for the copies before the copies are released. **NOTE:** ZCSD is unable to fax high-volume requests.

SUBMISSION OF REQUEST IS CERTIFICATION THAT REQUESTOR UNDERSTANDS AND ACCEPTS OBLIGATION TO PAY APPLICABLE FEES FOR COPIES OF RECORDS REQUESTED AND THAT NO COPIES MAY BE RETURNED FOR CREDIT.

SIGNATURE OF REQUESTOR: _____

If submitted electronically, signature and date on above unnecessary.

If you have any questions, please email us at mandy.bradley@zacharyschools.org