



**LAPEER COMMUNITY SCHOOLS  
PUBLIC RECORDS REQUEST**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

I would like a copy of the following record(s): (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to review the following record(s): (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the District must respond to my request within 5 days, excluding weekends and holidays. I also understand if I request a copy made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

The records you wish to review and/or copy will be available be on \_\_\_\_\_ at the Administration and Services Center, 250 Second Street, Lapeer, MI 48446.

\_\_\_\_\_  
Records Officer

\_\_\_\_\_  
Date

\*\*\*\*\*

**RECEIPT/ACKNOWLEDGEMENT FORM**

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date