## **DINWIDDIE COUNTY PUBLIC SCHOOLS**

## **REQUEST FOR PUBLIC RECORDS**

Name	STAFF USE ONLY
Address	
E-mail address	Request was made (check one)  by requester on this form by telephone in writing other than on form (attach original request)  Date Response Sent: (attach copy) Identification Verified Type: Number:  Number:
I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary):	
Reasonable costs may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R Requests for Information. If the costs associated with this request are expected to exceed \$200, the requestor will be asked to pay the estimated costs before the request is processed.  In addition, the requestor may ask for an advance determination of the cost of the	
request. Please indicate here if you wor Yes No	uld like an advance determination of cost.
	ease specify the format in which you would like to receive de the record(s) in the requested format if that medium is usiness.
Specify format desired (if available):	
speery remar decired (ii dvallable).	
☐ Photocopies ☐	E-mail (give address):
	E-mail (give address): Other (please specify):

**RETURN COMPLETED FORM TO:** 

DINWIDDIE COUNTY PUBLIC SCHOOLS P.O. Box 7 / 14016 Boydton Plank Road Dinwiddie, Virginia 23841