

Keystone Local School District

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PUBLIC RECORDS REQUEST FORM

****Note to Requester: Retain a copy of this request for your files.****

Name of Employee Receiving Request: _____

Date Requested: ____/____/____

Request Submitted By:

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Records Requested: **Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

Do you want copies of the documents? YES -or- NO

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