

BERMUDIAN SPRINGS SCHOOL DISTRICT
RIGHT TO KNOW INFORMATION REQUEST FORM

NAME:	Last -	First-
ADDRESS:	Street	
	City	State - Zip -
PHONE:		
DATE OF REQUEST:		

DESCRIPTION OF REQUEST:

Fee Schedule:

The District will charge the following fees when a requester seeks to obtain a copy and for conversion of an electronic record to paper. Fees shall be paid in advance of receipt of requested public record(s).

Printing copy of non-paper record:	\$0.25 per page
Photocopying:	\$0.25 per page
Certified Copy:	\$0.25 per page
Electronic copy of record:	\$1.00 per disk plus \$20 per hour with a minimum of \$10
Redaction:	\$20 per hour with a minimum charge of \$10
Postage:	Fees for postage may not exceed the actual cost of mailing

I, the requester, certify that I am a citizen of the Commonwealth of Pennsylvania.

Signature of person making request

OFFICE USE ONLY

Date Information Provided _____

Date Request Denied (if applicable) _____

Reason for Denial (if applicable) _____

Fees Assessed (if applicable) _____