

Kelloggsville Public Schools (KPS)

FOIA Request Form

Name: _____

Business (If Applicable): _____

Address: _____

Telephone Number: _____

Please select one of the following:

_____ I wish to request a copy of the following record(s) – please specify.

or

_____ I wish to review the following record(s) – please specify.

By signing below, I acknowledge that I have received the following:

1. A copy of Kelloggsville Public School's (KPS) Standard FOIA Fee Schedule.
2. A copy of the Written Public Summary of KPS FOIA Procedures and Guidelines.
3. A detailed itemization of fees associated with my FOIA request.

I further acknowledge that a copy of the Written Public Summary and Procedures and Guidelines regarding FOIA can be found at the following website location: www.kvilleps.org.

Also, by signing below, I authorize KPS to process my request and agree to pay the estimated total fees. I do / do not (circle one) request the staff of KPS to work overtime to process my request. By authorizing the staff of KPS to work overtime, I agree to pay the required wage premium under the Fair Labor Standards Act, for the overtime hours worked. I further understand that even with such authorization, the staffs of KPS are not required to work overtime to process your request.

Further, I do / do not (circle one) request paper copies of information that the district informed me was available on the website/webpage provided to me in the district response.

Any good faith deposit indicated on the detailed itemization of fees as due prior to processing the request is attached with this response form. I understand that failure to submit payment will delay the best efforts estimated date of completion provided by KPS.

I understand that I will be contacted within _____ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy made of all records, the copies will be provided to me at cost. I further understand I am not allowed to remove any records(s) from the office where they are maintained.

Requester Signature

Date

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The records you wish to review and/or copy will be available on _____ at the Kelloggsville Public Schools, Central Office.

Records Officer

Date

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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.

Requester Signature

Date

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