LEWISTON-PORTER CENTRAL SCHOOL DISTRICT APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO:	Name of Agency				
				_	
	Address	Address			
I hereby apply to inspect the following record(s):				<u> </u>	
For th	ne following purpose(s):		_	
				_	
				_	
Print 1	Name	Signature	Date	_	
Repre	esenting	Mailing Ado	lress	_	
****	********	**************************************			
[] A	pproved Inspection		Cost \$		
Total	Received \$				
Denie	ed (for the reason(s) c	hecked below):			
[] U [] R [] R [] E	ecord is not maintained xempted by statute other.	of Personal Privacy gency is legal custodian cannot be four	Act	tory Files	
Signature, Records Access Officer			Date		
***** NOTI	CE: You have a		********************************* tion to the Superintendent of Schools, when (10) business days of receipt of an app		
		Business Addr	ress:		
1 here	by appeal:				
Signa	ture		Date		