## REQUEST FOR PUBLIC RECORDS (Per ORC 149.43)

## **District Information**

Name of District: Bright Local School District

Name of Records Access Officer: <u>Jeff Rowley, Treasurer</u>

Street Address: PO Box 299, 44 N. High St, Mowrystown, OH 45155

Email: jeff.rowley@blsd.us

**Phone**: (937) 442-3114 x11503

	<u>Requestor I</u>	<u>Informatio</u>	<u>n</u>	
Request Date:				
Name:				
Company/Group/Age	ency:			
Street Address:				
Email:				
Phone Number:		_ Fax Nu	ımber: _	
Information Request	ted:			
Describe in detail the	information you are red	questing.	Be as sp	ecific as possible (attach
additional page or cor	responding email if app	plicable):		
No. Copies Requeste	d:			
Format Preferred (page	per (copy chg \$.06/pag	e), Excel,	CSV, PE	DF):
Requestor Signature	(or attach e-mail):			Date:
For Office use only:				
Date Receive:	Request Assigned	d/Delivered	l to:	
	Response Date: _			
	Response sent via	a: Ma	ail	Email