

# Millcreek-West Unity Local Schools Public Records Request:

***\*Response will be emailed unless otherwise requested.***

Date of Request: \_\_\_\_\_

Name: (optional) \_\_\_\_\_

Phone: (optional) \_\_\_\_\_

Email: \_\_\_\_\_

OR

\_\_\_\_\_ ***Please mail response via USPS. (per copy count charge will apply)***

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of desired records:

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