

MILTON SCHOOL DISTRICT

20 School Street * Milton, NH 03851 * (603)652-0262 * Fax (603)652-0250

REQUEST FOR INFORMATION UNDER THE RIGHT TO KNOW LAW

Date: _____

I, _____, request the following information from the Milton School District under RSA 91-A:4,IV, "Right to Know" Access to Public Records law: _____

I understand that under RSA 91-A:4,IV, the school district has five business days to furnish the request, or provide in writing why the request was denied, or provided in writing when the request will be available. I understand that if the information requested is not in a ready-made format/file/document(s), the district has no obligation to create the format/file/document(s).

THIS FORM MUST BE SUBMITTED TO THE SCHOOL DISTRICT OFFICE

Signature: _____

Printed Name: _____

Street Address: _____

City/Town, State Zip: _____

OFFICE USE ONLY

Date Completed: _____

Completed By: _____

Fee Paid: _____