MERRILL AREA PUBLIC SCHOOLS
REQUEST FOR RECORDS

Date of Request: __________________________________
Name of Requestor: __________________________________
Address of Requestor: __________________________________
Phone No. of Requestor: _____________________________
Date Information Available: ___________________________
Request Received by: _________________________________
District Staff

I. Reasonable description of the record or information sought:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

II. If request is denied, the reasons follow:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

III. Fee Schedule Information:

1. Reproduction Fees
   a. $1.00/1st page $1.00
      10 cents per page (each side)
      _____ pages x $.10 $_______
   b. Hrly. charge for more than 20 pages:
      _____ X $18.00/hr. (1/4 hr. basis) $_______
   c. Actual cost of tapes or other medium $_______

2. Cost of reproduction of records when equipment
   not available within Authority $_______

3. Total Cost $_______

____________________________________  __________________________
Date  Signature of Custodian or Designee

____________________________________  __________________________
Date  Signature of Requestor (Not Required)

FORM # 823.0
APPROVED: 04-12-00
REVISED: 04-08-13