

ODYSSEY CHARTER SCHOOL FREEDOM OF INFORMATION ACT REQUEST FORM

Date of Request: _____

I hereby request copies of the following public record(s) or document(s). **(Please explain your request in detail and include fiscal year, if applicable.)**

I understand that Odyssey Charter School will assess a fee of \$0.10 for each page copied and, in special circumstances, additional fees. I understand that Odyssey will contact me with an estimate of fees.

Detail of Request:

(PRINT) Requester's Name Requester's Signature

Company/Business Address

Address

Telephone Number

Email

Fax Number

Official Use Only

Date Received: _____

Amount Due: _____

Check No./Credit Card No: _____

Designee

Date Paid: _____

FOIA Request No. _____ - _____
