

Belleville Henderson Central School District

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Home of the Panthers

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FOIL REQUEST FORM

Mrs. Marisa K. Riordan
Records Access Officer
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(315) 846-5826 Ext. 3222

FROM: (Please print your name, address and telephone number)

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Representing: (if applicable)

Pursuant to the state Freedom of Information Law, I hereby request the following record(s)/document(s) in the electronic form of Portable Document Format (pdf) as attachments via e-mail. These files should be provided in the requested format as directed by law (Ch. 223 of 2008) and BHCS BOE Policy #3310: *(Please reasonably describe the record(s) you are requesting to allow us to identify the record(s)/document(s) required.)*

Please state the reason(s) for your request: *(Optional)*

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