

# Hays Unified School District 489

## REQUEST FOR INSPECTION / COPY OF OPEN RECORDS

NAME: Adam Steinbaugh  
Please Print

ADDRESS: 510 Walnut Street, Suite 1250 Philadelphia, PA 19147  
Street City and State

TELEPHONE: 215-717-3473  
Please include area code Fax number if available

EMAIL: adam@thefire.org

SIGNATURE: 

Record Sought: Please provide a specific description of the record(s) you desire to inspect/copy. Please include record title, date, and the name of the departments which produce or hold the record(s).

Please see request sent via email.

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*Please Note: Most records will be produced within three (3) business days. If the request is delayed or denied, an explanation will be provided. Prepayment is not refundable after a search has been conducted.*

**PLEASE DO NOT WRITE BELOW THIS LINE – FOR ADMINISTRATIVE USE ONLY**

**CHARGES:** A charge for providing access of public records is authorized by state law. These charges are set at a level to compensate the school district for the actual costs incurred in honoring your request.

**Prepayment of estimated costs may be required**

Estimated Prepayment of: \$ \_\_\_\_\_ is  **REQUIRED**  **NOT REQUIRED**

Number of Copies: \_\_\_\_\_ X \$0.25/page (a) \$ \_\_\_\_\_

Staff Time Involved: \_\_\_\_\_ (HRS) \_\_\_\_\_ (MIN) (b) \$ \_\_\_\_\_  
(Reported in hours and minutes)

Less Prepayment: (c) \$ \_\_\_\_\_

The total charge for accessing the records request is (a+b-c): **TOTAL \$** \_\_\_\_\_

REQUEST WAS RECEIVED:	_____ Date	_____ Time	_____ Initials
REQUEST PROVIDED:	_____ Date	_____ Time	_____ Initials