

Request For Inspection And/Or Copies Of Public Records
Of The West Chester Area School District

NAME SALVATORE SAVORITO

DATE OF REQUEST 3/29/2010

ADDRESS DEPT OF SOCIOLOGY

TELEPHONE # 757 221 2604

COLLEGE OF WILLIAM + MARY
WILLIAMSBURG, VA 23187-8795

~~FAX #~~ EMAIL SJSAPO@WM1.EDU

DETAILED DESCRIPTION OF RECORDS REQUESTED:

SEE ATTACHED LETTER

Do you want to inspect the record(s)? YES or NO

Do you want copies of the record(s)? YES or NO

Do you want certified copies of the record(s)? YES or NO

Do you want the copies mailed to the address provided above or will you pick up the copies at the administration office? ~~MAIL or PICK-UP~~ EMAIL ELECTRONIC FILES


Requester's Signature

[FOR OFFICE USE ONLY]

Open Records Officer: _____

Date Received by Open Records Officer: _____

Five Day Action Response Due: _____

Date Five Day Action Response Issued: _____