Pearl River School District

135 West Crooked Hill Road Pearl River, New York 10965 Attn: Human Resources & Community Services

FOIL Request Freedom of Information Law

DATE:			
NAME:			
ADDRESS:			
PHONE:			
EMAIL:			
FOIL REQUEST DESCRIPTION:			
APPROVAL TO RECEIVE FOIL INFOR	MATION ELECTRONICALLY?	YES	NO
APPROVAL TO RECEIVE FOIL INFOR	MATION ELECTRONICALLY?	YES 	NO
	MATION ELECTRONICALLY?	YES 	NO
- For Office Use:	MATION ELECTRONICALLY?	YES 	NO
			NO
			NO
- For Office Use: RECEIVED BY: DATE RECEIVED: DATE ACKNOWLEDGEMENT SENT:			NO
- For Office Use: RECEIVED BY: DATE RECEIVED: DATE ACKNOWLEDGEMENT SENT: DATE SECOND NOTICE (If app):			NO

Date Received: