



BIRMINGHAM  
CITY SCHOOLS

# Public Records Request

## REQUESTER

Person or Organization (Name): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street or P.O. Box)*

\_\_\_\_\_  
*(City, State, Zip Code)*

Phone: \_\_\_\_\_  
*(Primary)* *(Alternate)*

Requested Items: \_\_\_\_\_

Purpose: \_\_\_\_\_