SAU 39
Public Information Request Form

Date ______________________

Your full name ________________________________________________

Phone number __________________________________________________

Street address __________________________________________________

Town/City ______________________________________________________

State __________________________________________________________

Zip code _________________________________________________________

Email address ________________________________________________ (if online form)

Re-enter email address ________________________________________ (if online form)

Documents requested:
Be as specific as possible. Provide official name of documents (if known).

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Date when needed ________________

Preferred delivery ____ on-site review ____ pick-up ____ US mail (postage fees apply)

Do you need copies of the information? ____ YES ____ NO

➢ $0.15 per page; $0.25 per double-sided page
➢ Flat fee of $15 per hour (or increments thereof) of staff time required to retrieve, copy, or otherwise produce any Public Record(s) that are not readily available

If the superintendent’s office is unable to make a public record available for immediate inspection and copying, it shall, within 5 business days of request, make such record available, deny the request in writing with reasons, or furnish written acknowledgment of the receipt of the request and a statement of the time reasonably necessary to determine whether the request shall be granted or denied. (RSA 91-A:4)