

**Fort Plain Central School District
Request for Review of Internet Filtering Form**

1 Date of Request: _____

2 Request Initiated by: _____

3 Address: _____

4 City: _____

5 Zip Code: _____

6 Telephone: _____

7 Complainant Represents: (check only one)

Self My

Name: _____

Organization Name of

Organization: _____

Other: _____

8 Address of Internet material (i.e. www.whereever.com)

9 Description of material:

10 I would like this material (check only one): blocked unblocked

11 My objections to the way this material is currently handled is:

12 I would like the outcome of this review to be:

Required Signature of Complainant