

District Record Request Form

Request for Public Records

I request:     to examine     to copy     to receive an electronic copy of the following records:

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Name (Please Print)

Email OR Mailing Address:

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Date of Request

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Daytime Phone Number

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Public Agency \_\_\_\_\_

\_\_\_\_\_ Initial if Applicable: More than three (3) working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of the request.

Payment received for \_\_\_\_\_ copies \_\_\_\_\_  
Amount Received

Payment received for \_\_\_\_\_ labor \_\_\_\_\_  
Amount Received

\_\_\_\_\_  
Receipt Number