

District Record Request Form

Request for Public Records

I request: to examine to copy to receive an electronic copy of
the following records (please be as specific as possible):

Date Records Requested Were Created:

Beginning:

Ending:

Name (Please Print) and Email Address

Mailing Address:

Date of Request

Daytime Phone Number

Received By: _____

Date Received: _____

Public Agency _____

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

Payment received for _____ copies _____

Amount Received: _____

Payment received for _____ labor _____

Amount Received: _____

Receipt Number

Adopted on: November 9, 2020