PATRON REQUEST FOR DISCLOSURE OF PUBLIC RECORDS
KENNEWICK SCHOOL DISTRICT NO. 17

Name of Person Requesting: ___________________________  Date of Request: ____________

Address: ____________________________________________

Telephone: ___________________________________________

Description of Public Records for which disclosure is requested (please be specific):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

FEE CHARGES:
1.  15 cents per page or $15 per tape (includes secretarial time).
2.  Secretarial time, at hourly rate of secretary if typing or research is needed.
3.  If mailed, actual cost of postage.

I agree to pay the appropriate fees.  

☐ Please Mail  ☐ I Will Pick Up

Signature of Requestee: ____________________________________________

Billing will be done by the Kennewick School District Business Office. Make checks payable to the Kennewick School District.

Number of Pages Reproduced: ______ x $ .15 = $ __________
Number of Tapes Reproduced: ______ x $15.00 = $ __________

I certify the above noted request has been complied with on _________________ (date).

Records were:
☐ Mailed
☐ Received in Person

_________________________________________________________  District Representative

_________________________________________________________