

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)

Requester's Name (Please Print)

Mailing Address:

Daytime Phone Number

Date of Request

Received By: _____

Date Received: _____

Public Agency: Lakeland Joint School District No. 272

_____ 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.

Cost for _____ copies at 14¢ per single-sided page.

Amount Received: _____

Cost for _____ labor at the rate of _____ per hour.

Amount Received: _____

Cost for _____, attorney fees (attorney name: _____) for redacting.

Amount Received: _____

Cost for _____ additional and necessary expenses.

Amount Received: _____

Receipt Number: _____

I HAVE READ AND UNDERSTAND THE CHARGES WHICH MAY BE ASSOCIATED WITH MY REQUEST.

Signature

Per page cost for copies: _____ Employee Hourly rate: _____

Actual time spent responding to request: _____

Attorney costs responding to request: _____

Estimated Fees Total: _____ Total Received: _____

Receipt Number: _____ Date Completed: _____