



South Kitsap School District No. 402
REQUEST FOR PUBLIC RECORDS

Form 4910

DATE OF FORM:

NAME OF REQUESTING PARTY:

ADDRESS OF REQUESTING PARTY:

CITY, STATE, ZIP:

PHONE: ()

FAX: ()

EMAIL:

The request was received via (please check one):

Table with 8 columns: WALK-IN, WRITTEN, PHONE, E-MAIL

- 1. This form acknowledges the receipt of your request, dated ... and received by the Business and Support Services on ...
2. For non-written requests, use the reverse side of this form to list documents desired.
3. Statement of Intended Use Required (if lists of individuals are requested):
4. The school district's Records Officer shall impose a reasonable charge for providing copies of public records ... The current charge is \$0.15 per copy.
5. The school district requests your signature to confirm that you have been notified about the following statement.

"I understand that any list(s) of individuals provided pursuant to my request may not be used for commercial purposes (RCW 42.56.070). I agree not to use lists of individuals for commercial purposes, and further agree not to give, sell, or provide access to such documents to any other person who intends to use them for commercial purposes."

Signature of Requesting Party

Date

Non-receipt of your signature, or acknowledgment via e-mail, may delay delivery of your requested documents. Please return the original of this form to:

The Records Officer, South Kitsap School District, 2689 Hoover Avenue SE, Port Orchard, WA 98366-3034.

FOR SCHOOL DISTRICT USE ONLY

Legal Counsel's Approval: Granted [] Denied [] By: _____

Records Officer's Approval: Granted [] Denied [] By: _____

is requesting the following documents:

Name of Requesting Party

1.

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