

**COMMUNITY RELATIONS**

**4260F**

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)

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