Public Records Request

Date of Request: _______________________________________________________________

Name of Requestor: ____________________________________________________________

Affiliation: _________________________________________________________________

Mailing Address: ______________________________________________________________

City, State, Zip Code: _________________________________________________________

Phone Number: ______________________________________________________________

Fax Number: _________________________________________________________________

E-mail Address: ______________________________________________________________

Do you intent to inspect the records in person, obtain a photocopy at the costs identified,
or receive the records electronically?

___________________________________________________________________________

What is the method (telephone, email, US Mail) we should use to communicate with you?

___________________________________________________________________________

Description of the records you wish to request. Include the date and location of the record if known.

____________________________________________________________________________

Submit via US Mail: Highline Public Schools

15675 Ambaum Blvd. SW
Burien, WA 98166

Attn: Michelle Terry, Public Records Officer