

# CHIMACUM SCHOOL DISTRICT

## "CREATING THE FUTURE TODAY"

P O Box 278

Chimacum WA 98325-0278

Phone: (360)302-5890

FAX: (360)732-4336

### REQUEST FOR PUBLIC RECORDS

Name of Requesting Party:	Date:
Address of Requesting Party:	City, State, Zip:
Phone: (    )	Email:
<b>SPECIFIC INFORMATION REQUESTED</b>	
<b>FORMAT OF INFORMATION REQUESTED</b>	
<input type="checkbox"/>	<b>Inspect or Review Documents Onsite</b> (Free)
<input type="checkbox"/>	<b>Obtain Printed Copies of Documents</b> (Ten cents per page plus postage and envelope)
<input type="checkbox"/>	<b>Electronic Records</b> (Ten cents per page to scan records into an electronic format; five cents per each four electronic files or attachment uploaded to email; ten cents per gigabyte for the transmission of public records plus postage and envelope)  <b>Customized Service Charge</b> may be imposed if the District estimates the request would require the use of information technology expertise to prepare data compilations or provide customized electronic access services; the customized service charge may reimburse the District up to the actual cost of providing the services.
<b>STATEMENT OF INTENDED USE REQUIRED (IF LIST OF INDIVIDUALS ARE REQUESTED)</b>	
<b>The public records officer or designee may require the payment of the remainder of the copying costs before providing all the records, or the payment of the costs of copying an installment before providing that installment.</b>	
<b>The school district requests your signature to confirm that you have been notified about the following statement:</b>	
<p><i>"I understand that any list(s) of individuals provided pursuant to my request may not be used for commercial purposes (RCW 42.17.260 [9]). I agree <b>not to use</b> lists of individuals for commercial purposes, and further agree <b>not to give, sell, or provide</b> access to such documents to any other person who intends to use them for commercial purposes."</i></p>	
Signature of Requesting Individual(s)	Date
Your request is: <input type="checkbox"/> Granted / <input type="checkbox"/> Denied State Reason If Denied: _____	
Copy Charge: _____ Furnished by: _____	