

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: North Kitsap School District
18360 Caldart Ave NE
Poulsbo, WA 98370
Attn: Korinne Henry Public Records Officer

