

District Record Request Form

Request for Public Records

I request: to examine to copy to receive an electronic copy of the following records:

Name (Please Print)

Mailing Address:

Date of Request

Daytime Phone Number

Received By: _____

Date Received: _____

Public Agency _____

_____ Initial if Applicable: More than three (3) working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of the request.

Payment received for _____ copies _____
Amount Received

Payment received for _____ labor _____
Amount Received

Receipt Number