

Public Records Request Form

Date/Time of Request: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Per RCW 42.56 and Snoqualmie Valley School District No. 410 Policy #4040 and Procedure #4040P, I request the following records: (Please provide a detailed description of the information and/or records requested, including the relevant timeframe to search.)

☐ I prefer to inspect the documents.

☐ I prefer to receive copies of the documents. (Fees for record production can be found in the district's Procedure 4040P.)

The undersigned declares as follows:

1. I have requested access to and/or copies of district records.
2. I hereby declare that if lists of individuals are provided to me to fulfill my request, that such lists will neither be used for commercial purposes nor provided to others for commercial purposes.

Signature: _____ Date: _____

Submit Form

When finished, click the "Submit Form" button or return a signed copy to malcolmc@svsd410.org or the Snoqualmie Valley School District front office.

For District Use Only:

Date Received _____