



**Okanogan School District
Request for Inspection and /or Copying of Public Records
Reference Board Policy/Procedure 4040**

Date of Request _____

Name _____

Address _____

Email _____ Phone _____

Specification of the records or types of records requested _____

Statement of the intended use of requested documents if lists of individuals are included in the request. *(If applicable)* _____

Signature of Person(s) Making Request: *(Print & Sign)*

Note: A response to each written request for inspection and copying of district records shall be provided within five (5) business days. The district may respond by providing the requested record, denying the request, or acknowledging receipt of the request and providing a reasonable estimate of the time the district will require to respond. The district charges the statutory rate of fifteen (15) cents per page