

RESPONSE TO PUBLIC RECORDS REQUEST

TO: _____

You requested records from _____ School District.

1. _____ Because of unusual circumstances, the District requires an additional _____ business days to respond to your request.

2. _____ This is a certification that the following records do not exist under the name given by the requester or by another name known to the District, or are not retained by the District in the performance of an official function:

3. _____ The following records you request are exempt because:

4. _____ Your request is granted for all other records you requested.

_____ Copies of those records are attached.

_____ You may obtain copies of those records by first paying a fee of \$_____ for the cost of processing your request.

_____ We will copy these records after you have paid a deposit of \$_____, which is one-half of the copying charge of \$_____ which you must pay in full upon receipt of the records.

_____ You may inspect the records at this office on _____ at _____ o'clock. You may copy or order copies of those records after inspection upon payment of the fee for processing requested copies.

Records Officer

Date