

District Record Request Form

Request for Public Records

I request: to examine to copy to receive an electronic copy of

the following records (please be as specific as possible):

- 1.) Instructional or seat time for Emmett schools
(targeting the 6th grade)
- 2.) Continuous Improvement Plan for
Emmett Schools. (targeting the 6th grade)

Date Records Requested Were Created:

Beginning: The most current

Ending: _____

MICHAEL J MEDES

Name (Please Print)

Mailing Address:

3770 FULLER Rd

EMMETT, ID 83617

6/23/24

Date of Request

208-631-1768

Daytime Phone Number

Received By: _____

Date Received: _____

Public Agency _____

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

Payment received for _____ copies _____

Amount Received: _____

Payment received for _____ labor _____

Amount Received: _____

Receipt Number