

NAME

Eatonville School District No. 404

Superintendent's Office PO Box 698 • 200 Lynch St. W. Eatonville, WA 98328

REQUEST FOR PUBLIC RECORD

DATE

| FIRM/ORGANIZATION | I | | | | |
|--|-------------------------------------|----------------|-----------------------|--|--|
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| MAILING ADDRESS | TELEPHONE NO. | CELL | FAX | | |
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| CITY/STATE/ZIP | E-MAIL | | | | |
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| Provide a description of the public records you | are requesting that is sufficiently | specific (name | and date or period of | | |
| time if known) for Eatonville School District to identify and locate the records. (Use additional pages if necessary) | | | | | |
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| AFTER REQUESTED RECORDS ARE RETRIEVED, I WOULD LIKE TO: | | | | | |
| THE TEXT TEXT TEXT TO THE TEXT | | | | | |
| I prefer to inspect records at Eatonville School District Office | | | | | |
| | | | | | |
| Receive electronic copies via email or other (specify:) | | | | | |
| | | | | | |
| Receive hard copy via mail or pickup (check one) | | | | | |
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| If my request is for a list of individuals, I certify under penalty of perjury under the laws of the State of Washington, that the information obtained through this request will not be used for commercial purposes. | | | | | |
| obtained through this request will not be used for co | ornmerciai purposes. | | | | |
| | | | | | |

DELIVER/MAIL/FAX/E-MAIL YOUR REQUEST TO: Eatonville School District No. 404

Superintendent's Office - Attn: Public Records Request

PO Box 698

Eatonville, WA 98328 (360) 879-1000 FAX (360) 879-1086

public.records@eatonville.wednet.edu

PLEASE NOTE:

There is no charge to view documents at the District Office (200 Lynch St W). If the volume of records and postage exceeds \$15.00, the District will calculate the copying costs and postage and notify you of the total amount after the requested records are identified. The District may require a deposit to be paid in an amount not to exceed ten (10) percent of the estimate copying costs before the District begins copying the requested records. No documents will be released until full payment is received.

FEES:

\$0.15/ page Documents

Actual cost Maps, computer disks, binders, etc.

Actual cost
Postage charges for mailing requested records

| | Date | Initials | Notes | FOR USE BY PUBLICS RECORDS OFFICER | |
|--|------|----------|-------|------------------------------------|--|
| Date Received | | | | | |
| Five-Day Notice Sent | | | | | |
| First Installment | | | | | |
| Completing Request | | | | | |
| Other Installments | | | | | |
| Response Completed | | | | | |
| If exemptions are claimed complete Exemption Log | | | | | |