

PUBLIC RECORDS REQUEST FORM

COMPLETING THIS WRITTEN REQUEST IS OPTIONAL. YOU MAY MAKE YOUR PUBLIC RECORDS REQUEST ORALLY IF YOU SO CHOOSE.

1. Date of Request: _____
2. Type of Request: (Check all that apply.)
 Request to Inspect Records Request for Copies of Records Request for Mailing Records
3. Requested Records: (Attach additional pages, if necessary. If request was in writing, attach written request.)

4. Requested Format of Copies of Records: (Check applicable format, if copies of records are requested.)
 Paper Electronic Format Other: _____
5. Requestor Contact Information: (Optional)
Name: _____ Phone Number: _____
Mailing Address: _____

Email Address: _____

This area to be completed by School District employee.

Date of Request: _____ Time of Request: _____

Date Request Received: _____ (For mailed written requests.)

Employee Receiving Request: _____

Department/Division: _____

For oral requests, did the requestor read the above request or have it read to him/her?

Yes / No If no, indicate reason: _____

Date Request Fulfilled: _____

Cost of Records: _____ Payment Received: Yes / No

If No, why? _____

If request was denied in whole or in part, attach Denial/Redaction of Public Records Request Form.