

Lind-Ritzville Cooperative Schools

Public Records Request Form

Requestor Information:

Name: _____

Address: _____ City, State, ZIP: _____

Phone Number: _____ Email Address: _____

Record(s) Requested:

(Please provide a detailed description of the records you are requesting. Be as specific as possible, including date ranges, keywords, or document titles, if known.)

Format Requested:

☐ Inspection only (view records at the district office)

☐ Electronic copies (if available)

☐ Paper copies (fees may apply)

Delivery Method:

☐ Pick up in person

☐ Email (if electronic format is available)

☐ Mail (postage fees may apply)

Acknowledgments:

- I understand that the District has five business days to respond to my request.
- I acknowledge that certain records may be exempt from disclosure under state or federal law.
- If fees apply, I agree to pay the applicable charges before receiving copies.

Signature: _____ Date: _____