Highland School District #203
P.O. BOX 38 – 17000 SUMMITVIEW RD
COWICHE, WA 98923
509-678-8630 FAX 509-678-4177

PUBLIC RECORDS REQUEST FORM FORM: 4040F

Date: _____ Phone: _____

Name of Requesting Party: _____

Address of Requesting Party: _____

E-Mail Address of Requesting Party: _____

I understand that any list(s) of individuals provided pursuant to my request may not be used for commercial purposes (RCW 42.56.070[8]). I agree not to use any documents provided for commercial purposes and further agree not to give, sell, or provide access to such documents to any other person or entity that intends to use them for commercial purposes. **Please refer to the PRR Commercial Purposes Declaration and Form 4040F1, complete and submit with your request if the request is for a list of individuals.**

Description of requested records:

The District Records Officer may impose a reasonable charge for providing copies of public records and for the use by any person of District equipment to copy public records, which charges shall not exceed the amount necessary to cover the costs incident to providing such copies. The current charge is $0.15 per page for black/white, and $0.30 per page for color copies. The cost of electronic copies of records shall be $2.50 for information provided by CD or DVD. The cost of scanned records is $0.10 per page; $0.05 for every four (4) files delivered to the requester electronically and 0.10 per gigabyte for electronically transmitted records. Alternatively, the District may charge a flat fee of up to $2.00 for the entire electronic request if the District estimates the cost will equal or exceed this amount.

_____ _____

Signature of Requesting Party Date

FOR DISTRICT USE ONLY	
Date Received:	Received By:
Request is: ◯ Approved ◯ Denied	
Reason for Denial:	
Payment Required: ◯ Yes ◯ No	Date Available:
Number of Pages:	Total Due:
Documents Provided By:	Date: