

REQUEST FOR PUBLIC RECORDS

Date of Request: _____ Name of Requesting Party: _____

Address: _____
Street City/State Zip

Email address: _____ Affiliation: _____

Description of requested public records including specific dates:

I understand it is illegal for me to use any materials received as a result of this request for commercial purposes, (RCW 42.17.260 {7}). By signing this request, I agree not to use any documents or lists received as a result of this request for commercial purposes and further agree not to give, sell, or provide access to such documents to any other person who intends to use them for commercial purposes. I also understand that my request does not require the District to create documents that do not exist.

I understand there may be a charge associated with receipt of records both non-electronic (15 cents per page plus mailing) and electronic and the District may require a deposit in advance.

Requestor Signature: _____

Date Received by Steilacoom Historical School District: _____