

♦ **1. Requester Information**

Full Name:

[_____]

Email Address:

[_____]

Phone Number (optional):

[_____]

Mailing Address:

[_____]

[City] [State] [ZIP Code]

♦ **2. Record(s) Requested**

Please describe the public record(s) you are requesting as specifically as possible. Include names, dates, locations, departments, or subject matter if known.

Description of Records Requested:

[_____]]
[_____]]
[_____]]

♦ **3. Preferred Format**

Please select your preferred method of receiving the records:

- ☐ Email (electronic copy)
- ☐ Printed copy (may involve copying fees)
- ☐ In-person inspection (by appointment)

♦ **4. Timeframe of Records (if applicable)**

Start Date: [_____] / [_____] / [_____]]

End Date: [_____] / [_____] / [_____]]

♦ **5. Department (if known)**

If you know which department holds the record(s), please specify:

[_____]

♦ **6. Purpose of Request (optional)**

(This is optional; you are not required to state a purpose under most state laws.)

[_____]

♦ **7. Signature & Agreement**

By submitting this request, I acknowledge that I may be responsible for any allowable fees associated with the duplication, mailing, or preparation of public records in accordance with [State Law].

[] I agree to the above and certify that the information provided is accurate.

Signature (type your full name):

[_____]

Date: [_____/_____/_____]

△ *Please note:* Response times vary by state but are typically required within 5–10 business days. If additional time or clarification is needed, the district will contact you.