WAYZATA PUBLIC SCHOOLS
Independent School District 284
Wayzata, Minnesota

DATA REQUEST FORM

TO BE COMPLETED BY THE REQUESTOR

REQUESTOR NAME (NOT REQUIRED FOR PUBLIC DATA):	PHONE NUMBER:*
ADDRESS:*	EMAIL ADDRESS:*
DATE OF REQUEST:*	

DESCRIPTION OF THE INFORMATION REQUESTED: (ATTACH ADDITIONAL PAGE IF NECESSARY)
MANNER IN WHICH RESPONSIVE DATA IS TO BE PROVIDED: INSPECTION ONLY_____ COPIES ONLY**_____ BOTH INSPECTION AND COPIES** _____ **INSPECTION IS FREE, BUT THERE IS A CHARGE FOR COPIES. PAYMENT MUST BE RECEIVED BEFORE COPIES WILL BE PROVIDED.

FOR OFFICE USE ONLY

DATE REQUEST RECEIVED:	REQUEST RECEIVED BY:
DATE OF RESPONSE:	RESPONSE PROVIDED BY:

*REQUESTOR'S NAME IS OPTIONAL FOR PUBLIC DATA. HOWEVER, CONTACT INFORMATION IS NECESSARY TO MAIL/EMAIL THE DATA. ALSO, CONTACT INFORMATION IS NEEDED IF THE SCHOOL DISTRICT DOES NOT UNDERSTAND THE REQUEST. WE WILL NOT WORK ON SUCH A REQUEST UNTIL CLARIFIED.