SELAH SCHOOL DISTRICT NO. 119 **FORM: 4040 F1**

316 West Naches Avenue
Selah WA 98942
509-698-8000

PUBLIC RECORDS REQUEST FORM

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 who intends to use them for commercial purposes.

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The District Records Officer shall 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 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