Emmett Independent School District #221

COMMUNITY RELATIONS **4260F**

District Record Request Form

Request for Public Records

I request: ☐ to examine ☐ to copy ☒ to receive an electronic copy of

the following records (please be as specific as possible):

Payment records for non-person/vendor entities from January 1, 2025 to current date including, at minimum: purchase date, vendor name, description of goods/services purchased, quantity, and price/amount.

Date Records Requested Were Created:

Beginning: 03/27/2025

Ending: 03/27/2026

Justin Wenig

Name (Please Print)

Mailing Address:

169 Madison Ave STE 11217

New York NY, 10016

03/27/2026

Date of Request

(315) 896-0031

Daytime Phone Number

Received By: _____

Date Received:_____

Public Agency _____

_____ Initial if Applicable: More than three working days are needed to locate or retrieve the requested records. A response shall be provided within ten working days of the request.

Payment received for _____ copies _____

Amount Received: _____

Payment received for _____labor _____

Amount Received: _____

_____
Receipt Number