

PUBLIC RECORDS REQUEST

Name: _____

Address: _____

Telephone: _____ Business Telephone: _____

_____ I wish a copy of the following record(s): (specify) _____

_____ I wish to review the following record(s): (specify) _____

I understand I will be contacted within _____ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

Signature _____ Date _____

The records you wish to review and/or copy will be available be on _____ at the administration office.

Records Officer _____ Date _____

RECEIPT/ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

Signature _____ Date _____

PUBLIC RECORDS INSPECTION/COPYING RECORD

Requestor: _____

Date of Review/Copying: _____

Request Form Submitted, Approved, and Signed: _____
Date

Viewing Monitored By: _____
Name

Time Spent: _____ Date: _____

Records Refiled by: _____ Time Spent: _____

Requested Copies Made By: _____

Time Spent: _____ Date: _____

No. of Pages _____ Total Fee \$ _____ Payment Received _____

Requester has signed that request has been fulfilled.

ATTACH TO 8310 F1 AND FILE

RESPONSE TO PUBLIC RECORDS REQUEST

TO: _____

You requested records from _____ School District.

1. _____ Because of unusual circumstances, the District requires an additional _____ business days to respond to your request.

2. _____ This is a certification that the following records do not exist under the name given by the requester or by another name known to the District, or are not retained by the District in the performance of an official function:

3. _____ The following records you request are exempt because:

4. _____ Your request is granted for all other records you requested.

_____ Copies of those records are attached.

_____ You may obtain copies of those records by first paying a fee of \$_____ for the cost of processing your request.

_____ We will copy these records after you have paid a deposit of \$_____, which is one-half of the copying charge of \$_____ which you must pay in full upon receipt of the records.

_____ You may inspect the records at this office on _____ at _____ o'clock. You may copy or order copies of those records after inspection upon payment of the fee for processing requested copies.

Records Officer

Date

