



PUBLIC RECORDS REQUEST FORM

Date:
Name:
Mailing Address:
Phone:
Email Address:

Please describe with specificity the records being requested (reference attachment if necessary). Please identify records by title, date, type, subject matter, or other identifying characteristics.

Please tell us how you would like the District to provide the requested records:

Hard Copy
 E-mail
 Inspection
 Other

FOR OFFICE USE ONLY		
Cost for Copies:		
8.5x11 – black and white	_____ @\$0.25/page	_____
8.5x11 – color	_____ @\$1.00/page	_____
8.5x14 – black and white	_____ @\$0.50/page	_____
8.5x14 – color	_____ @\$1.50/page	_____
Total Cost to Requester:		_____