



**INSTRUCTIONS:**

Employee receiving request completes **Section 1**, except for the request number.  
Requester completes **Section 2** if request is made in person otherwise employee receiving the request completes it. Attach legal or other explanatory documents.  
Route this form to the Public Records Officer to complete **Section 3**.  
Employee notifying requester completes **Section 4**.

SECTION 1: FOR DISTRICT USE ONLY	
Date	
Request No.	
Request received by:	

This completed form is an open public document and may be released to any requester.

**SECTION 2: Records Request**

Name of Requester			Phone			Email Address		
Address			City			State		Zip

I wish to  inspect or  receive a copy of the following specific record(s)

Request made: <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by email Attach request
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To assist with record identification, list names of other persons named in the records you seek, if known.

Your request will be forwarded to the Public Records Officer. Unless otherwise notified, agency response will be completed within five (5) working days.

**SECTION 3: Agency Response**

ALLOW ACCESS      Charge is \$0.15 for each photocopy. Charge for other types of copies is the District's cost.

WE DO NOT HAVE THE RECORD(S)

DENY ACCESS      The records you have requested are legally exempt from public disclosure by the following authority:

**SECTION 4: Requester Notification**

Name of person notified		Date	Time
<input type="checkbox"/> by mail <input type="checkbox"/> by phone <input type="checkbox"/> in person <input type="checkbox"/> by email	I made the District final response as stated.		
Signature			
<b>Routing</b> Original to requester    Copy to Public Records Officer			