

REQUEST FOR PUBLIC RECORDS

4040F

Section I *(to be completed by Requesting Party)*

Name of Requesting Party: _____
Last First MI

Address: _____
PO Box/Street City State Zip

Phone: _____

I understand that any list(s) of individuals provided pursuant to my request **may not be used** for commercial purposes (RCW 42.17.260 (&)). 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.

I am requesting the following documents:

Intended use if requesting lists of individuals _____

Signature of Requesting Party Date

Section II *(to be completed by the District)*

- a. The record you requested is attached or available for inspection at _____, copies will be made for \$0.25 per page for black copies and \$0.35 per page for colored copies.
- b. The record is available with certain information deleted (See REMARKS)
- c. Your request to inspect or copy the record(s) has been denied for the reasons given in the REMARKS area. The Superintendent has reviewed the denial.

Superintendent's Signature or designee

REMARKS:

