

District Record Request Form

**Request for Public Records**

I request:     to examine     to copy     to receive an electronic copy of the following records:

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Name (Please Print)

Mailing Address:

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Date of Request

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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