



Board Policy 4260F: District Record Request Form

Request for Public Records

I request: ☐ to examine ☐ to copy

☐ to receive an electronic copy of the following records:

Name (Please Print)

Mailing Address:

Date of Request

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.

To Be Completed by District Personnel:

Itemized Statement of Fees:

Per page cost for copies: \$0.05

Hourly rate of employees: \$_____ Hourly rate of attorneys: \$_____

Actual time spent responding to request: _____

Estimated Fees: \$_____

Collected Fees: \$_____

Returned Fees: \$_____

Payment received for _____ copies _____

Date Request Received in District Office:

- ☐ 10-Day Extension Requested. Document(s)/Item(s) Due: _____
- ☐ Record Requested Granted. Date Sent to Requester: _____
- ☐ Record Request Partially Denied. Date Letter Sent to Requester: _____
- ☐ Record Request Denied. Date Letter Sent to Patron: _____

District Personnel Comments/Notes:

Receipt Number _____