

District Record Request Form

Request for Public Records

I request: ☐ to examine ☐ to copy ☐ to receive an electronic copy of the following records
(please be as specific as possible):

Date Records Requested Were Created:

Beginning: _____

Ending: _____

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, unless the field below has been initialed.

_____ Initial if Applicable: The record requested must be converted from one electronic format to another and doing so will require more than ten working days. The agency shall provide the converted public record at the following time, which has been mutually agreed upon between the agency and the requester, with due consideration given to any limitations that may exist due to the process of conversion or due to the use of a third party to make the conversion:

Payment received for _____ copies _____
Amount Received

Payment received for _____ labor _____
Amount Received

Receipt Number