

PUBLIC RECORDS REQUEST FORM

Requester's Name: _____

Mailing Address: _____
Street City State Zip

Daytime Phone Number: _____ Email: _____

Received Request Via: Email Fax In Person Phone

Records Requested: Please describe the specific records you are requesting and any additional information that will help us locate said records (dates, names, etc.). Please indicate which records you wish to photocopy (fee for photocopies is \$0.15 per page). Otherwise, the records will be made available for your review. If you require the USIP to make copies for you and mail copies to you, there will be a charge in addition to the per page copy charge of actual postage costs. There will also be a scanning fee of \$0.20 per page to convert from paper to electronic format. The Revised Code of Washington states that records must be made available in a reasonable length of time.

I hereby certify on oath and under penalty of law that if a list of individuals is obtained through this request for public records I will not use that information for commercial purposes. RCW 42.26.070 (9)

Date Signature

Please return completed form to Julie Hancock at jhancock@asds.wednet.edu

THE SECTION BELOW TO BE COMPLETED BY ASOTIN SCHOOL DISTRICT

Received: _____	Five-Day Notice Sent: _____	Will Respond by: _____	Response Completed: _____
Fees:			
Copy Charge for ___ pages @ .15 each	\$ _____		
Other Fees: _____	\$ _____		
Other Fees: _____	\$ _____		
	Total	\$ _____	