

District Record Request Form

RECORD REQUEST FORM

To Be Completed By Requester:

Requester's Name

Date of Request

Requester's Mailing Address

City, State, Zip Code

Requester's Telephone Number

Requester's Email Address

Record(s) Requested: _____

To Be Completed By District Personnel:

Date Request Received in District Office: _____

10-Day Extension Requested. Document(s)/Item(s) Due: _____

Record Requested Granted. Date Mailed to Requester: _____

Record Request Partially Denied. Date Letter Mailed to Requester: _____

Record Request Denied. Date Letter Mailed to Patron: _____

District Personnel Comments/Notes: _____

Itemized Statement of Fees:

Per page cost for copies \$_____

Hourly rate of employees \$_____

Hourly rate of attorneys \$_____

Actual time spent responding to request: _____

Estimated Fees \$_____ Collected Fees \$_____ Returned Fees \$_____

Cross Reference: 1530 Records Available to Public

Legal Reference: Title 9, Chapter 3 Public Records
I.C. 9-339 Response to Request for Examination of Public Records

Policy History:

Adopted on: 7-21-14

Revised on:

Prior Board Policy: