



Request for Disclosure of Public Records

Date: _____

Name of Requester: _____

Requester Address: _____

Requester Phone: _____

Requester Email (Optional): _____

Public Documents Requested (use additional pages if necessary):

1. _____
(Name or description of record)

2. _____
(Name or description of record)

I wish to arrange an opportunity to personally inspect the requested records

I wish to receive copies of the requested records

Fees for public records requests are as follows:

Per our Board Policy 2.1, there is a charge for public records requests. Please ask for a copy of the Policy to determine the fee for your request

(Requester's Signature)

Records Custodian Use Only

Received Date: _____

Receiver's Initials: _____