

**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 \$\_\_\_\_\_

REQUEST FOR PUBLIC RECORDS

I request: ☐ to examine ☐ to copy ☐ to receive an electronic copy of the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (*please print*): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Request: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

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Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Public Agency: \_\_\_\_\_

Initial if Applicable: More than three (3) working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working day of request.

Payment received for \_\_\_\_\_ copies

Amount Received

Payment received for \_\_\_\_\_ labor

Amount Received

Receipt Number

~~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: 06-12-06

Revised on: 09-12-11

00-00-00

Prior Board Policy: 4130F

1530F