



SOUTH KITSAP SCHOOL DISTRICT NO. 402
REQUEST FOR PUBLIC RECORDS

DATE OF FORM: _____

NAME OF REQUESTING PARTY: _____

ADDRESS OF REQUESTING PARTY: _____

CITY, STATE, ZIP: _____

PHONE: () _____

FAX: () _____

EMAIL: _____

The request was received via (please check one):

WALK-IN		WRITTEN		PHONE		E-MAIL	
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1. This form acknowledges the receipt of your request, dated _____ and received by the Business and Support Services on _____. It has been forwarded to _____. You will be contacted as to the response time necessary, in working days, from **date of receipt by Business and Support Services**. The time required to respond to your request is based upon the need to locate and assemble the information requested, notify third persons affected by your request, and/or determine whether any of the requested information is exempt from public disclosure.

2. For non-written requests, use the reverse side of this form to list documents desired.

3. Statement of Intended Use Required (*if lists of individuals are requested*): _____

4. The school district's Records Officer shall impose a reasonable charge for providing copies of public records and for the use by any person of school district equipment to copy public records, which charges shall not exceed the amount necessary to cover the costs incident to providing such copies. **The current charge is \$0.15 per copy.**

5. The school district requests your signature to confirm that you have been notified about the following statement.

"I understand that any list(s) of individuals provided pursuant to my request may not be used for commercial purposes (RCW 42.56.070). I agree **not to use** lists of individuals for commercial purposes, and further agree **not to give, sell, or provide** access to such documents to any other person who intends to use them for commercial purposes."

*Signature of Requesting Party*_____
Date

Non-receipt of your signature, or acknowledgment via e-mail, may delay delivery of your requested documents. Please return the **original** of this form to:

The Records Officer, South Kitsap School District, 2689 Hoover Avenue SE, Port Orchard, WA 98366-3034.

FOR SCHOOL DISTRICT USE ONLYLegal Counsel's Approval: Granted ☐ Denied ☐ By: _____Records Officer's Approval: Granted ☐ Denied ☐ By: _____

is requesting the following documents:

Name of Requesting Party

1.

2.

3.

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Revised: Aug. 2, 2012