

WHITE RIVER SCHOOL DISTRICT NO 416
REQUEST FOR PUBLIC RECORDS

DATE OF FORM: _____

NAME OF REQUESTING PARTY: _____

ADDRESS OF REQUESTING PARTY: _____

CITY, STATE, ZIP: _____

PHONE: ()

FAX: ()

EMAIL: _____

1. Specification of the records or types of records requested _____

2. State whether you want to first inspect the documents, or have them copied without your inspection first and mailed or e-mailed to you:

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 for paper, and \$.10 for electronic copies.**

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 42.17.260 [9]). 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;

White River School District No. 416, Attn: Public Records Officer, 240 North A Street, PO Box 2050, Buckley, WA 98321. By email: esnodgrass@whiteriver.wednet.edu