

BOARD OF TRUSTEES
Series 200

Policy Title: DISTRICT RECORD REQUEST FORM

Code: 203.10A

RECORD REQUEST FORM

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:	_____
<input type="checkbox"/> 10-Day Extension Requested. Document(s)/Item(s) Due:	_____
<input type="checkbox"/> Record Requested Granted. Date Mailed to Requester:	_____
<input type="checkbox"/> Record Request Partially Denied. Date Letter Mailed to Requester:	_____
<input type="checkbox"/> Record Request Denied. Date Letter Mailed to Requester:	_____
District Personnel Comments/Notes:	_____ _____ _____

Itemized Statement of Fees: Per page cost for copies \$ _____
Hourly rate of employee \$ _____
Hourly rate of attorney \$ _____
Actual Time Spent \$ _____

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