

District Record Request Form

Per [Policy 1530](#), there is no charge for the first 100 pages of records or the first two hours of labor in responding to a public records request

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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 \$\_\_\_\_\_