



BEAUMONT UNIFIED SCHOOL DISTRICT
 Business Services Division
 350 W. Brookside Avenue
 Beaumont CA 92223
 (951) 845-1631 Ext. 5360

REQUEST FOR INFORMATION

Please complete and submit to the Superintendent's Office for processing.

Name: First: _____ Last: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Contact Telephone No.: (_____) - _____
 Email: _____ Fax No.: (_____) - _____
Signature: _____ **Date:** _____

I am requesting photocopies of the following documents:

1. _____	Number of Copies: _____
2. _____	Number of Copies: _____
3. _____	Number of Copies: _____

I am requesting tapes of the following Board Meeting(s): Audio

1. Date: _____ 2. Date: _____ 3. Date: _____

Please note:

- In the interest of providing proper and effective service to the public, the Beaumont Unified School District requests that this form be completed.
- We will respond to your request within 10 days per California Public Records Act, Section 6253 (c) or earlier if possible.
BUSD Use Only Below This Line

Approved/Not Approved By: _____ Date Received: _____
 If not approved - Reason: _____
 Assigned to: _____ Date: _____
 Info Provided: Date _____ By (Name/Dept.) _____

Information was: Mailed Picked-up Faxed Emailed

Number of Pages: _____ Copies \$.10 Per Page: \$ _____ Sub Total: \$ _____
 Number of Draft Pages: _____ Cost per Copy for Re-Production _____ Sub Total: \$ _____
 Number of Audio Tapes _____ \$10.00 Per Tape: \$ _____ Sub Total: \$ _____
 Number of Compact Disks _____ \$50.00 Per CD: \$ _____ Sub Total: \$ _____
 \$50.00 Fee Per Request for copies of information which are 3 or more yrs old: \$ _____
 Total Charges: \$ _____
 Cash Check Check # _____ Receipt # _____