

be used for commercial purposes.



## **PUBLIC RECORDS REQUEST FORM**

25720 Maple Valley Black Diamond Road Attn: Tamara Wheeler 425-413-3400 425-413-3455 fax

twheeler@tahomasd.us

SIGNATURE

(,,,	
REQUESTOR NAME	
ADDRESS	
TELEPHONEEMAIL	
Please describe the records you are requesting and provide any additional information to help locate the records document title, author, and date, if known.	as quickly as possible. Use appropriate
I would like to:  ☐ Inspect the records at no charge (I may request copies after inspection for a fee, see below).  ☐ Receive copies of the records at a charge of \$.15 per page. I am willing to pay up to \$ for the copies. A deposit of 10% of the estimated costs of copying all the records is required.  ☐ Receive copies of the records scanned into electronic format at a charge of \$.10 per scanned page. I am willing to pay up to \$ for the copies. A deposit of 10% of the estimated costs of scanning records into electronic format is required.	requesting the record intends that the list will be used to communicate with the individuals named

DATE

## For District Use Only

Date Request Received:	
Received by:	

LOG / EXEMPTION / PRIVILEGE						
PAGE #	DATE	DOC TYPE	AUTHOR	RECIPIENT	EXEMPTION	BRIEF EXPLANATORY EXEMPTION

	DATE	SENDER	COMMENTS
Five-day Notice Sent:			
Second Notice Sent:			
Date for First Installment:			
Date for Completing Request:			
First Installment Provided:			
Other Installments Provided:			
Response Completed:			

PUBLIC RECORDS PROVIDED				
		DATE SENT	SENDER	
NUMBER OF PAGES	X \$ .15 =			
NUMBER OF PAGES	X \$ .15 =			
NUMBER OF PAGES	X \$ .15 =			
AMOUNT OF DEPOSIT REQUIRED				
TOTAL CHARGE	\$			