



REQUEST FOR PUBLIC RECORDS

Part A

To be completed by requestor

Name and mailing address of claimant  
(Please print)

(Full Name)

(Address)

(City/State/Zip)

(Phone Number)

I request to review the following document title (s) or subject (s):

Title or Subject

Approximate Date (s) of Document

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Extra pages may be attached if more than 5 documents are being requested.

Is this information being acquired in connection with a subpoena, claim, or pending possible legal action involving the District or other public agency or division? [ ] YES [ ] NO

Yes, Please Explain: \_\_\_\_\_

**Part B**

To be completed by District Staff

Check where applicable and fill in the necessary information:

**A. Records Located**

- 1. Date records were located: \_\_\_\_\_
- 2. Requestor has been notified of date set for review of documents.
- 3. Date the records are available for review by Requestor: \_\_\_\_\_

**B. Records are not located**

- 1. The records could not be located from the information provided.
- 2. Date requestor was notified that documents could not be located: \_\_\_\_\_

**C. Records are not located**

- 1. If any additional action or action other than as described above was or is to be taken, please explain briefly:

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date