



MABTON SCHOOL DISTRICT #120

**Po Box 37
306 N Main Street
Mabton , WA 98935
(509) 894-4852
(509) 894-4767 – Fax**

REQUEST FOR PUBLIC RECORDS

Response to this records request shall be made no later than five (5) working days.

Date: _____ Time: _____

Name: _____

Address: _____ City _____ State _____ Zip Code _____

Phone#: _____ Email Address: _____

Representing: _____

Description of records requested: _____

Intended use of records: _____

I certify that information obtained through this request for public records will **NOT** be used for commercial purposes.

Requestor's Signature: _____

FOR MSD STAFF USE

Number of copies: _____

Number of pages: _____

Cost at 15¢ per page (if applicable): _____

Postage/Envelope: _____

Total Cost: _____