

# Toppenish School District No. 202



306 Bolin Drive  
Toppenish, WA 98948  
Phone: (509) 865-4455  
Fax: (509) 865-2067



*Response o this Records Request shall be made no later than five (5) working days.*

## PUBLIC RECORDS REQUEST FORM

**Requester's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Daytime Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Received Request Via:** \_\_\_ Email \_\_\_ Fax \_\_\_ In Person \_\_\_ Phone \_\_\_ Written

**Records Requested:** Please describe the specific records you are requesting and any additional information that will help us locate said records (dates, names, etc.). Please indicate which records you wish to photocopy (fee for photocopies is \$0.15 per page). If you require **Toppenish School District** to make copies for you and mail copies to you, there will be a charge in addition to the per page copy charge of actual postage costs. The Revised code of Washington states that records must be available in a reasonable length of time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**After requested records are retrieved, I would like to:**

- Request the documents be copied and I will pick up the copies and pay the copy fees.
- Request the documents be sent to me electronically to the email address written above.
- Request the documents be mailed to me and I will pay the copy fees and the mail costs.

***I hereby certify on oath and under penalty of law that if a list of individuals is obtained through this request for public records I will not use that information for commercial purposes. RCW 42.26.070 (9)***

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### FOR INTERNAL USE ONLY

Received on & by:	5 Day notice sent:	Projected Response Date:	Response completed on:
Fees: Copy charge for _____ pages @ \$0.15    \$ _____ Other Fees _____    \$ _____ Other Fees _____    \$ _____ TOTAL    \$ _____		Comments:	