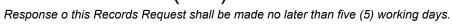
Toppenish School District No. 202



Requester's Name:

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

Fax: (509) 865-2067





PUBLIC RECORDS REQUEST FORM

Mailing Address:					
Mailing Address: Street			City	State	Zip
Daytime Phone Numb	er:	E	mail:		· · · · · · · · · · · · · · · · · · ·
Received Request Via	a:Email	Fax	_In Person _	Phone	Written
Records Requested: Plea information that will help us wish to photocopy (fee for p make copies for you and m charge of actual postage of a reasonable length of time	s locate said records photocopies is \$0.1 pail copies to you, the posts. The Revised o	s (dates, nar 5 per page). nere will be a	nes, etc.). Please If you require To charge in additio	indicate which ppenish School to the per pa	records you ol District to ge copy
Request the document of the do	ments be copied an ments be sent to me ments be mailed to and under penalty	d I will pick use electronical me and I wil	up the copies and lly to the email ac I pay the copy fee Int if a list of ind	ddress written a es and the mail l ividuals is ob	bove. costs. tained through
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