



**PUBLIC RECORDS REQUEST FORM**

**FOR STAFF USE ONLY**

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Copy(ies) Provided            Yes            No            Partial

If copies of public records were provided, list a brief description of all document(s).

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If records were determined to be **exempt from public disclosure**, list or describe the document(s). (i.e., personnel files, attorney/client privilege documents, preliminary drafts, pending litigation or claims, etc.)

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Describe any partial records provided.

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Document all requests by District for additional information needed to locate a requested record.

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Estimated number of pages: \_\_\_\_\_

Total copy charges due: \_\_\_\_\_

Amount of Deposit (if required): \_\_\_\_\_

Total Payment Received: \_\_\_\_\_

Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Request Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature