

## Public Records Request Form

*The information requested on this form is optional and not required for the District to comply with a Public Records Request. This document is used by the District for informational purposes and to ensure that all documents being reviewed are received by the requisitioner in a reasonable time period and meets the requisitioners request.*

### Requisitioner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of Records Being Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Range Being Requested: \_\_\_\_\_

\_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

Date of Request: \_\_\_\_\_

To be filled out by Records Management Liaison Officer (RMLO):

Confirm record request and date range: \_\_\_\_\_

Discussed District fee Schedule: \_\_\_\_\_

Estimated Date of Document Delivery: \_\_\_\_\_

Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Requisitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RMLO Signature

\_\_\_\_\_  
Date