



## PUBLIC RECORDS ACT REQUEST FORM

(The following Section to be completed by the District's employee receiving a request to inspect and/or copy District records)

Request Made By (*Optional*): \_\_\_\_\_

Date Request Was Made: \_\_\_\_\_

Contact Information (*Optional*):

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

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Documents Requested: (If request is in writing, attach a copy.)

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

Request Made To: \_\_\_\_\_

**(Give form to District Secretary immediately. District Secretary will work with appropriate Manager or staff member to process the request.)**

Is Request For Copies or Inspection? \_\_\_\_\_

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**(This portion of Form to be completed by District Secretary within 10 calendar days of date of request.)**

1. Request Approved?     Yes     No

a. If "No", list the name(s) and position(s) of the person(s) responsible for the denial and reasons.

Name(s) and Position(s): \_\_\_\_\_

Reason(s): \_\_\_\_\_

2. Extension of Time Required?     Yes     No

a. If "Yes", indicate reason:

The request requires searching and collecting records from locations separate from the office processing the request.

The request requires searching, collecting, and examining a voluminous amount of separate records.

The request requires consultation with another agency having a substantial interest in the matter.

The request requires staff to compile data, to write programming language or a computer program, or to construct a computer report to extract data.

b. Expected date of response: \_\_\_\_\_ (may not exceed 10 calendar days, plus 14 calendar days, if extension invoked, from the date the request was received by the District).