

PUBLIC RECORDS REQUEST FORM

FOR STAFF USE ONLY

Copy(ies) Provided Yes No Partial

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

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.)

Describe any partial records provided.

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

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