

**PUBLIC RECORDS
REQUEST FORM**



Requester Information

Name

Phone Number

Date

Mailing Address

Records/Documents information: Describe the records/information you are requesting. Please be as specific as possible.

A fee of \$40.00 per hour, broken into 15 minute increments, will apply to all public records requests to cover staff time for locating, researching, scanning and sending the document(s). In addition, the fee may include the actual cost to the School District for contracted services to gather the records and for legal review of the records as necessary. Electronic data via thumb drive or similar device will be produced at a cost of \$10.00 per recording. Requester must provide own data saving device. Letter and legal sized copies will be produced at a cost of \$.25 per copy. Color copies will be produced at a cost of \$.50 per copy. Maps, oversized or non-standard copies will be charged at the actual cost for reproduction. **Estimated charges in excess of \$10 must be prepaid prior to research beginning.** If costs exceed the estimate, staff will contact the applicant for authorization to continue research. The additional cost must be paid prior to release of the documents. The School District will refund any unused portion of any prepayment. Staff may waive inspection or research fees for not more than three requests that require 1/4 hour or less of staff time from the same requester in a calendar year. All requested materials may be picked up in person at the Sisters School District Office or may be mailed to the requester, at their expense, via USPS mail.

Your signature below acknowledges that you have read, understand and accept financial responsibility for the fees associated with this public records request.

Name: _____ Date: _____

- The School District is not in possession of the requested record.
- Copies of the requested records are enclosed/attached.
- The School District is in possession of at least some of the requested records. It will take approximately _____ to provide the records. Postage cost, if applicable, _____.
The estimated cost is \$_____.
- It is uncertain if the School District is in possession of the records. It will take approximately _____ to search for the records. The estimated cost is \$_____.
- The public records requested are exempted from public disclosure under state and federal law.
- Your request has been referred to the School District Attorney.

Additional Costs

Info Compiled By: _____ Date Completed: _____

Amount Due: \$ _____

Date Notified: _____

Date Picked Up: _____

Payment Received: _____