



**BAINBRIDGE
ISLAND**

SCHOOL DISTRICT No. 303

STRONG MINDS, STRONG HEARTS,
STRONG COMMUNITY

REQUEST FOR PUBLIC RECORDS

Name of Requestor: _____

Phone: _____

Address:

_____ Street _____ Unit No.

_____ City _____ State _____ Zip Code

Email Address: _____

(If no email address provided, records will be fulfilled in paper format, incurring a cost of \$.15 per page.)

Please provide a detailed description of the records you are requesting in order for the district to accurately respond to your request. If the district is unable to determine which records you are requesting, the district will contact you for clarification of the request.

HOW I WANT TO RECEIVE THE RECORDS (You will receive the records via email link to our public records portal unless you indicate otherwise below):

- I would like to inspect the records. (There is no cost for inspecting records.)
- I would like paper copies of the records and will pick them up when they are available (at a cost of \$.15 per page).
- I would like paper copies of the records sent to the address listed above (at a cost of \$.15 per page PLUS postage/envelope).
- I would like to receive the records via electronic storage device and will pick them up when they are available (actual cost of storage device).

**PLEASE NOTE THAT ALL REQUESTS WILL BE CHARGED CONSISTENT WITH
RCW 42.56.120(2)(b) and BISD Procedure 4040**

The receipt of this form constitutes the district's *initial* response to your request for records. Upon receipt of the form, the district will respond to your request within five business days to provide an estimation of time required to locate and assemble the records.

I certify that the information obtained through this request for public records will not be used for commercial purposes. I understand charges may apply to records provided in response to my request. I confirm that I will pay all charges incurred.

Signature of Requestor: _____

Date Signed: _____