



Bainbridge Island School District  
 8489 Madison Avenue NW  
 Bainbridge Island, Washington 98110  
 (206) 842-4714

REQUEST FOR PUBLIC RECORDS

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

Name of Requestor: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:

Street

Unit No.

City

State

Zip Code

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

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.

I would like to inspect the records. (There is no cost for inspecting records.)

I would like to inspect the records and will determine following their review if I want copies of the records.

I would like copies of the records and will pick them up when they are available (at a cost of \$.15 per copy).

I would like copies of the records scanned and sent to me by mail to the address listed above (at a cost of \$.15 per scanned copy).

I would like copies of the records scanned and sent to me via email at the address listed above (at a cost of \$.15 per scanned copy).

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:

For District Use

Received by:

Date/Time Received: