



Request for Public Records

Date:

Requestor's name:

Mailing address:

City, State & Zip:

Phone number:

Email address:

Name and detailed description of information requested:

I request to inspect the record(s).

I request copies of the record(s). I agree to pay the fee of .15 cents per page and the actual cost of postage and an envelope, if any.

Requestor's signature:

Date:

Return completed form to the Educational Service Center—12309 22nd St NE, Lake Stevens, WA 98258 or jayme_taylor@lkstevens.wednet.edu.

If request has been approved in part, or denied, see letter of explanation of reasons for limitations on inspection and copying and statement of reasons for partial approval or denial.

For official district use only

Request received (date stamp):

Date request fulfilled:

Notes: