Nespelem School District #14 4040F1

# **REQUEST FOR PUBLIC RECORDS**

**Requester's Name:**

**Mailing Address:**

 Street City State Zip

**Daytime Phone:**  **Email:**

**Description of Records:** (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc.)

**List each Department, Office of Official having custody of the records requested:**

**After the District retrieves the requested records, I request:**

 [ ] Inspection Only [ ] Copy All [ ] Inspection, then copy selected pages

**Date desired: [Most requests are filled within five business days]**

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes. I understand and acknowledge that Douglas County does not warrant the accuracy or completeness of information contained in public records or any data provided electronically.



 **Date Signature Place**

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| --- |
| **FOR USE BY PUBLIC RECORDS** **DATE INITIALS**DATE RECEIVED \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_FIVE-DAY NOTICE SENT \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_REQUEST APPROVED/ SATISFIED \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_REQUEST SATISFIED \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_REQUST DENIED \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_EXEMPTION STATEMENT \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |