

**PATRON REQUEST FOR DISCLOSURE OF PUBLIC RECORDS
KENNEWICK SCHOOL DISTRICT NO. 17**

Name of Person Requesting

Date of Request

Address

Telephone

Description of Public Records for which disclosure is requested (please be specific):

FEE CHARGES:

1. 15 cents per page or \$15 per tape (includes secretarial time).
2. Secretarial time, at hourly rate of secretary if typing or research is needed.
3. If mailed, actual cost of postage.

I agree to pay the appropriate fees.

- Please Mail
- I Will Pick Up

Signature of Requestee

Billing will be done by the Kennewick School District Business Office. Make checks payable to the **Kennewick School District**.

Number of Pages Reproduced: _____ x \$.15 = \$ _____

Number of Tapes Reproduced: _____ x \$15.00 = \$ _____

I certify the above noted request has been complied with on _____ (date).

Records were:

Mailed

Received in Person

District Representative

01/27/04

Title