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

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