West Bonner County School District

THE BOARD OF TRUSTEES

District Record Request Form

		Request for	or Public Records
I request: records:	□ to examine	□ to copy	\Box to receive an electronic copy of the following
		Name (Please	Print)
	Mailin	g Address:	
D	ate of Request		
	Davtime Ph	one Number	
	Duytinie I I		
Received B	3y:		
Date Recei	ved:		
Public Age	ency		

4260F

_____ Initial if Applicable: More than three (3) working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of the request.

Payment received for _____ copies _____ Amount Received

Payment received for _____labor _____

Amount Received

Receipt Number

Cross Reference: 1530 Records Available to Public

Legal Reference:Title 9, Chapter 3Public RecordsI.C. 9-339Response to Request for Examination of Public Records

Policy History:

Adopted on:March 12, 2008Revised on:October 11, 2011Revised on:December 16, 2015