



PUBLIC RECORDS REQUEST FORM

25720 Maple Valley Black Diamond Road SE, Maple Valley WA 98038

Attn: Linda Reed

425-413-3400

425-413-3455 fax

lreed@tahomasd.us

(PLEASE PRINT)

REQUESTOR NAME _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

Please describe the records you are requesting and provide any additional information to help locate the records as quickly as possible. Use appropriate document title, author, and date, if known.

I would like to:

- Inspect the records at no charge (I may request copies after inspection for a fee, see below).
- Receive copies of the records at a charge of \$.15 each copy (if less than 20 copies is free). I am willing to pay up to \$ _____ for the copies. A deposit may be required.

SIGNATURE _____ DATE _____

Limitation on Use for Commercial Purposes
 Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes.
 "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing, you are certifying that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

For District Use Only

Date Request Received: _____

Received by: _____

LOG / EXEMPTION / PRIVILEGE

PAGE #	DATE	DOC TYPE	AUTHOR	RECIPIENT	EXEMPTION	BRIEF EXPLANATORY EXEMPTION

	DATE	SENDER	COMMENTS
Five-day Notice Sent:			
Second Notice Sent:			
Date for First Installment:			
Date for Completing Request:			
First Installment Provided:			
Other Installments Provided:			
Response Completed:			

PUBLIC RECORDS PROVIDED

	DATE SENT	SENDER
NUMBER OF PAGES X \$.15 =		
NUMBER OF PAGES X \$.15 =		
NUMBER OF PAGES X \$.15 =		
AMOUNT OF DEPOSIT REQUIRED		
TOTAL CHARGE	\$	