



Oroville School District

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REQUEST FOR PUBLIC RECORDS

Date Request: _____

Requesters Name and Company/ Business / Organization/ name if applicable:

Phone Number: _____

City: _____ State: _____ Zip Code: _____

DESCRIPTION OF REQUESTED INFORMATION: Title and Date [s] of Record [s] if known

If space is not sufficient please add an attachment.

- I want to make an appointment to review the records indicated above before copies are made.
- I would like duplications of records.
- I would like information sent electronically. Email: _____
- I agree to: Pay Oroville School District according to the copy fee schedule. Oroville School District may also charge costs directly related to producing public records, including copying and mailing the requested public records, postage, shipping costs, mailing supplies and/or delivery charges. Once your request is received, you will be notified of any costs.

Photo Copies: 0.15 / per page DVD: \$4.00

Please fill in and sign your name below:

I _____ [Print Name] Under penalty of perjury, I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature: _____ **Date:** _____

Responses to requests for public records shall be made promptly by Oroville School District.

Oroville School District No. 410 Use Only

Received By: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Number of Copies: _____ Charge per Page: _____ Type: _____ Total Charges: _____