

Battle Ground School District No. 119
Battle Ground, WA

REQUEST TO INSPECT PUBLIC RECORDS

In accordance with RCW Chapter 42, 17, the undersigned requests access to examine and/or copy specific records or portions thereof listed below. It is understood that a reasonable fee for copying or duplicating may be charged for copies requested.

Name/Group (print) _____
Phone

Street Address _____
City _____
State _____
Zip

Reason for record request: _____

In listing public record (s) you wish to view and/or copy, please specify each item by title, form, number, and/or detail. This information is necessary to facilitate location and identification of requested documents.

Signature _____
Date

*

For official use only.

<input type="checkbox"/> Approved <input type="checkbox"/> Acknowledge with request for reasonable time <input type="checkbox"/> Denied Reason for denial: _____ <input type="checkbox"/> Mailed _____ <input type="checkbox"/> Released to _____	Cost: _____ (10 ¢ per page over 10 pages.)
_____ Signature	_____ Date

