



Date Rec'd _____

Request for Public Records

Requests for public records may be made in a variety of ways. This form is offered only as a convenience and is not required.
(Writable PDF)

To be completed by the requester of public records:

Name _____

Address _____

City/State/Zip _____

Daytime Telephone/Cell _____ (Other) _____

Email Address: _____

Describe as specifically as possible the information requested: _____

If lists of individuals are requested, what is the intended use? _____

I certify that the requested information will not be used for commercial purposes.

- I agree to inspect the records at no cost with a Monroe School District staff member present.
- I agree to pay a fee of \$.15 per page for each document requested prior to release of the documents to me as a reasonable charge for employee time to search, duplicate, and re-file records in accordance with Monroe School District Board of Directors Policy #9210.

Requester Signature _____ Date _____

Mail or fax completed request:

Mail: Monroe Public Schools Fax: 360 804-2529
 14692 179th Ave SE Phone: 360 804-2500
 Monroe, WA 98272

FOR DISTRICT USE ONLY

The requested information may be disclosed. Payment Required Yes No Date Available _____

The requested information may not be disclosed.

Reason for disclosure denial: _____

District Official Signature _____ Date _____

As prescribed by state law, a response to each written request for inspection and copying of district records shall be provided within five (5) business days. The district may respond by providing the requested record, denying the request, or acknowledging receipt of the request and providing a reasonable estimate of the time the district will require to respond.