



Castle Rock School District No. 401 Request for Public Records

Date of Request: _____

Name: _____

Street Address /PO Box: _____

City, State, Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Email: _____

I would like to:

- Inspect the records at no charge (I may request copies after inspection)
- Receive copies of the records after paying required copy charges (**\$0.15 per page**)

I confirm that I have been notified of the following statement:

“I understand that any list(s) of individuals provided pursuant to my request may not be used for commercial purposes (RCW 42.56.070). I agree **not to use** lists of individuals for commercial purposes, and further agree **not to give, sell, or provide** access to such documents to any other person who intends to use them for commercial purposes.”

Signature of Requesting Party

Date

I understand that non-receipt of my signature, or acknowledgment via email, may delay delivery of my requested documents.

Statement of Intended Use (*Required if lists of individuals are requested*):

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 and date, if known.

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