

EXHIBIT
PUBLIC'S RIGHT TO KNOW /
FREEDOM OF INFORMATION
REQUEST FOR PUBLIC RECORDS OF
THE SCHOOL DISTRICT

Note: It is not required by law that this form be filled out by a person requesting public records. The District may request the document be filled out or the District may use the document internally as documentation of public records requests.

Name _____ Date _____

Address _____
(street) (city) (state) (zip)

Phone: Home _____ Work _____

E-mail address _____

Nature of request:

- ☐ Opportunity to review records (no original record may leave the custodian's office)
- ☐ Copies of records.

Please read and sign the following statement:

I have requested public records of the School District for a noncommercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. 39-121.03.

(Date) (Signature)

Notice: A fee shall be levied on all electronic and paper copies of requested records. The fee shall be one dollar (\$1) per page. An additional fee of ten dollars (\$10) shall be assessed if the files are requested to be put onto a USB drive, CD, or other storage device. Such device shall be provided by the District. A fee shall also be assessed for the actual cost of postage if the requestor wishes the District to mail the requested records. The fee must be paid in full before the District can release copies of the requested records.

Records requested (please be as explicit as possible as to the records you desire):
