

La Center School District No. 101

725 Highland Road/PO Box 1840
La Center, WA 98629
360-263-2131/FAX 360-263-1140

Public Records Request Form

Name: _____ Date: _____

Email Address: _____

Mailing Address: _____

Records Requested – Please be as specific as possible about the records you are requesting. For a definition of a public record see RCW 42.56.010. Note that a request for “information” is not a public record. See also RCW 42.56.230-42.56.40 for a list of exemptions.

I would like copies in: ☐ Electronic Format ☐ Printed Format

Note: there is no charge for electronic format documents provided via direct links. Printed copies are fifteen cents per page. For other charges, see procedure 4040P

Signature of Requestor/Certification:

I certify that the information obtained as a result of this request for public records will not be used for commercial purposes in violation of RCW 42.56.070(9).

Signed: _____

For office use:

Time to respond: _____

Response to request: attach or link: _____ or reason for denial:

Cost: _____