

**Kimberly School District**  
**COMMUNITY RELATIONS 4340F**  
**District Record Request Form**  
**Request for Public Records**

I request:  to examine  to copy  to receive an electronic copy

of the following records (please be as specific as possible):

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Date Records Requested Were Created:

Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Public Agency \_\_\_\_\_

\_\_\_\_\_ Initial if Applicable: More than three working days are needed to locate or retrieve the requested records. A response shall be provided within ten working days of the request, unless the field below has been initialed.

\_\_\_\_\_ Initial if Applicable: The record requested must be converted from one electronic format to another and doing so will require more than ten working days. The agency shall provide the converted public record at the following time, which has been mutually agreed upon between the agency and the requester, with due consideration given to any limitations that may exist due to the process of conversion or due to the use of a third party to make the conversion: \_\_\_\_\_

Payment received for \_\_\_\_\_  
Amount Received: \_\_\_\_\_

Copies \_\_\_\_\_

Payment received for \_\_\_\_\_  
Amount Received: \_\_\_\_\_

Labor \_\_\_\_\_

\_\_\_\_\_  
Receipt Number