

Hays Unified School District 489
REQUEST FOR INSPECTION / COPY OF OPEN RECORDS

NAME:

Please Print

ADDRESS:

Street

City and State

TELEPHONE:

Please include area code

Fax number if available

EMAIL:

SIGNATURE:

Record Sought:

Please provide a specific description of the record(s) you desire to inspect/copy. Please include record title, date, and the name of the departments which produce or hold the record(s).

Please Note: Most records will be produced within three (3) business days. If the request is delayed or denied, an explanation will be provided. Prepayment is not refundable after a search has been conducted.

PLEASE DO NOT WRITE BELOW THIS LINE – FOR ADMINISTRATIVE USE ONLY

CHARGES: A charge for providing access of public records is authorized by state law. These charges are set at a level to compensate the school district for the actual costs incurred in honoring your request.

Prepayment of estimated costs may be required

Estimated Prepayment of: \$ _____ is REQUIRED NOT REQUIRED

Number of Copies: _____ X \$0.25/page (a) \$ _____

Staff Time Involved: _____ (HRS) _____ (MIN) (b) \$ _____
(Reported in hours and minutes)

Less Prepayment: (c) \$ _____

The total charge for accessing the records request is (a+b-c): TOTAL \$ _____

REQUEST WAS RECEIVED: _____ Date _____ Time _____ Initials _____

REQUEST PROVIDED: _____ Date _____ Time _____ Initials _____