



MARYSVILLE SCHOOL DISTRICT NO. 25
 4220 80th Street NE
 Marysville, Washington 98270
 360-965-0000
 FAX 360-965-0006

Mail, FAX, or hand-deliver form to Superintendent's Office, Attn: Jodi Runyon

REQUEST FOR PUBLIC RECORDS / INFORMATION

Date: _____

Name of Requesting Party _____

Address of Requesting Party: _____

Phone Number of Requesting Party: _____

E-Mail Address of Requesting Party: _____

Specific Documents Requested: _____

Purpose of Request: _____

I understand that documents provided pursuant to my request may not be used for commercial purposes (RCW 42.17.260(5)). I agree not to use any such documents for commercial purposes and further agree not to give, sell, or provide access to these documents to any other person who intends or use of uses the list for commercial purposes.

 Signature of Requesting Party

DECISION OF RECORDS COORDINATOR

_____ Request approved. Records are available by _____

_____ Request denied. See attached statement.

_____ Date _____ Signature

DOCUMENTATION BY RECORDS COORDINATOR

Documents inspected: _____

Costs, if documents copied: _____

_____ Date _____ Signature of Records Coordinator