

The Public's Right To Know

**Lake Washington School District # 414
ATTN: Public Information Department
PO Box 97039
Redmond, WA 98073-9739**

REQUEST FOR INFORMATION FROM SCHOOL DISTRICT RECORDS

Description of information requested: _____

Date information desired: _____

Number of copies needed: _____

I agree to pay \$.15 per page for each document requested and shall do so prior to the release of the documents to me.

Signature

Date

Name _____

Address _____

City _____ Zip _____

Phone _____