Public Records Request Form

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

publicrecordsrequest@lwsd.org | 425-936-1128

REQUEST FOR INFORMATION FROM SCHOOL DISTRICT RECORDS

Name of Requestor:				=	
Mailing Address:				-	
Telephone Number:				- -	
Email Address:				-	
Detailed description of necessary):	f the information	on and/or reco	ords requested (P	rovide separat	e sheet if
Date and Time of Req					

The undersigned declares as follows:

- 1. I have requested access to and/or copies of district records.
- 2. I hereby declare that if lists of individuals are provided to me to fulfill my request, that such lists will neither be used for commercial purposes nor provided to others for commercial purposes.

Copies of Records

The District has determined that calculating the actual costs of providing records in response to requests would be unduly burdensome because it would deprive its students of essential educational resources which support the District's mission. The District, therefore, is using the statutory default fees for providing copies of records, which are as follows:

• 15 cents per paper page

- 10 cents a page scanned into electronic format
- 5 cents for 4 files or attachments and provided by electronic delivery
- 10 cents for a gigabyte of electronic records transmission
- The actual costs of storage media, container, envelop, postage and delivery
- Charges can be combined if more than one type of charge applies