

REQUEST FOR PUBLIC RECORDS OF CALDWELL SCHOOL DISTRICT #132

I request to examine () or copy () the following records:

Name

Date of Request

Mailing Address (Please Print)

ZIP

Daytime Phone Number

Signature

.....
Received by: _____

Date Received

Public Agency

()
Initial if
Applicable

More than three working days are needed to locate and retrieve the requested records. A response will be provided within ten (10) working days of the request.

Payment received for _____ copies:

Amount Received

Receipt Number