

**YAKIMA SCHOOL DISTRICT #7**  
**104 N. 4<sup>th</sup> Avenue**  
**Yakima, WA 98902**

**REQUEST FOR PUBLIC RECORDS**

*Response to this records request shall be made no later than five (5) working days.*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Representing: \_\_\_\_\_

Description of records requested: \_\_\_\_\_

\_\_\_\_\_

Intended use of records: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of copies: \_\_\_\_\_

Number of pages: \_\_\_\_\_

Cost at 15¢ per page: \_\_\_\_\_

Postage/Envelope: \_\_\_\_\_

Total Cost: \_\_\_\_\_

I certify that information obtained through this request for public records will NOT be used for commercial purposes.

Staff Initials: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_