

Public Records Officer 18360 Caldart Avenue NE Poulsbo, WA 98370 360-396-3001

REQUEST FOR ACCESS TO NORTH KITSAP SCHOOL DISTRICT RECORDS RCW Chapter 42.56

SECTION 1: FOR NORTH KITSAP SCHOOL DISTRICT USE ONLY						
DATE:						
DEPARTMENT:						
REQUEST RECEIVED BY:						
This completed form is an open public document and may be released to any requester. SECTION 2: Records Request						
Name of Requestor:	Date of Request:					
Address:	Phone Number:					
E-mail Address:	·					
To assist with record identification, list names of oth	er persons named in the records you seek, if known:					
I wish to inspect or receive a copy of the following record(s): (Please describe the documents in detail additional pages may be attached)						
Request made in writing: in person by mail by email by fax	I wish to have the requested documents: ☐ Sent Electronically ☐ Mailed ☐ Inspect in Person					
Fees: \$.15 per page for photocopies, printed copies of electronic records when requested by requester, or the use of agency equipment to make photocopies \$10 per page for scanned records, or use of agency equipment for scanning. \$.05 per 4 electronic files or attachments for records uploaded to email, or cloud based data storage service, or other means of electronic delivery. \$.10 per gigabyte for records transmitted in electronic format or for use of agency equipment to send records electronically. Actual costs for digital storage media or device, any container or envelope used to mail copies, postage or delivery charges. Charges above may be combined to the extent more than one type of charge applies to copies responsive to a particular request.						
I certify or declare that any list of individuals obtained will not be used for any commercial purpose.						
Signature of Requestor	Dated					
Request must be submitted to the Public Records Of Caldart Avenue NE Poulsbo, WA 98370 or khenry@r responses will be completed within five (5) business	kschools.org. Unless otherwise notified, agency					



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	SECTION 3: AGENCY RESPONS	oE .					
☐ ALLOW ACCESS							
	☐ DENY ACCESS						
	☐ WE DO NOT HAVE TH				_		
	<u> </u>	requested are legally exe	empt from public di	sclosure by the following			
	authority:						
	SECTION 4: Requestor Notific	ation					
	Name of person notified:	T	Date:	Time:			
	☐ By mail	I made the District's fin	al response as state	ed.			
	☐ By Phone	Signature:					
	☐ In Person						
	☐ By Email						
	Documents given to the Requ	estor:					
	Date Mailed to Requestor:				_		
	Notes:						
	Legal Opinion- CONFIDENTIAL, NOT FOR RELEASE TO PUBLIC – RCW 5.60.060:						
	Legar opinion con 12 Livin	-,	052.0 1.017 5.00.0				