



**CASHMERE SCHOOL DISTRICT NO. 222
REQUEST FOR PUBLIC RECORDS FORM 4040-F1**

Identification of Requestor:

Name:	Daytime telephone: Cell phone number:
Representing (if applicable):	E-mail:
Street address:	City, State, ZIP

Records Requested:

Please be specific in defining the records you wish to inspect. If you do not know the name of the records desired, provide a general description of the content, indicating, to the degree possible, dates, author, recipient, title, topics or person(s). Attach additional pages if necessary.

Form of Records Requested and Certification Signature:

How do you wish to receive the public record?

- Inspection at Cashmere School District offices (no fee)
- Refer me to a Web site (if applicable) (no fee)
- Send me paper copies (15 cents per page) plus postage and any other cost of shipping
- Electronic device/other, (please specify)
- (cost varies)

Requester will be notified in advance of projected costs (a deposit may be required).

Make checks payable to: Cashmere School District

Remit checks to: Public Records Officer – Cashmere School District
210 S Division St, Cashmere, WA 98815

If my request is for a list of individuals, I hereby certify under penalty of perjury under the laws of the State of Washington, that the information obtained from this public records request will not be used for commercial purposes.

Signature: _____

Requester's signature: _____

Date: _____