



(253) 566-5600  
Fax (253) 566-5607

Public Records Request Form

Date of Request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Company / Organization: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

To: Public Records Officer:

I am requesting an opportunity to inspect or obtain copies of public records that: (Describe the records or information sought with enough detail for the University Place School District to respond. Be as specific as your knowledge of the available records will allow.)

- I understand that I will be charged 15 cents per page for all standard and legal sized copies. I understand my request is subject to disclosure under the Washington State Public Records Act (RCW 42.56). I understand that if a list of individuals is provided to me by the University Place School District, it will neither be used for commercial purposes or to give or provide access to material to others for commercial purposes, as prohibited by RCW 42.56.070(9).

Return Form to:

Public Records Manager  
University Place School District  
3717 Grandview Drive West  
University Place, WA 98466  
Fax (253) 566 5607  
Email: publicrecords@upsd83.org