

APPLICATION FOR ACCESS TO PUBLIC RECORDS

TO: (RECORDS ACCESS OFFICER) (FISCAL OFFICER)  
[Cross one out]

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

I hereby apply to (inspect) (copy) the following record:  
[cross one out]

\_\_\_\_\_  
\_\_\_\_\_  
**NOTE:** The charge for copying records not exceeding 8 x 14 inches shall be 25 cents per page, and for other sizes it shall be the actual cost of reproduction, unless otherwise specified by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representing

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

APPLICATION FOR ACCESS TO PUBLIC RECORDS (Cont.)

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Record of which the district is Legal Custodian cannot be found \_\_\_\_\_

Record is not maintained by this district \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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NOTICE: You have the right to appeal a denial of this application to the superintendent.

Mr(s) . \_\_\_\_\_  
Name

\_\_\_\_\_  
Business Address and Telephone Number

who must fully explain his/her reasons for such denial in writing seven (7) days of receipt on an appeal by signing below and filing this form with the superintendent within thirty (30) days after the date thereof.

I hereby appeal:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date