



Office of the Superintendent

619 W. Bartlett Ave.

Omak, WA 98841

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**Ca U_ School District
 RECORDS REQUEST FORM**

I. IDENTIFICATION		
Name of Requestor	Date of Request	Time of Request
Representing (if applicable)	Email Address	Phone
Street Address	City	State/Zip Code

II. RECORDS REQUEST

Please be specific in defining in the space below the records you wish to inspect or have copied. If you do not know the specific name of the records you desire, indicate by a general written description of the type and content of information you wish to locate. Where possible, indicate limiting dates, topic, and person(s) referenced. Attach additional pages if necessary. You may also submit the text of your request via email to records@omak.k12.wa.us.

Request inspection only, including electronic (no fee)

Request for copies (See policy 4040P)

I hereby certify that the information obtained as a result of this request for public records will not be used for commercial purposes.

Requestor's Signature _____