Exhibit - Written Request for District Public Records

All requests to inspect and/or to obtain a copy of a District record must be made in writing. This form is provided for convenience – its use is not required. Please submit all requests to the District's Freedom of Information Officer. Copying fees, if any, must be paid before copies will be provided. The Freedom of Information Officer can give you an estimate of the copying fees, if any.

| Name of individual(s) requesting Di | Email address | | | | | |
|---|---|--|--|---|--|---------------------|
| Address | | | Telephone number | | | |
| City | State | Zip | Date of request | | | |
| Please check if this request Freedom of Information Act state records, or information derived from sales or services. For purposes of academic organizations shall not be of the request is (i) to access and durticles of opinion or features of interesearch or education. Section 3.1 record for a commercial purpose without the body." | ates: "Commercial in public records, in this definition, reconsidered to be misseminate informanterest to the public states: "It is a vio | purpose meany form for quests made ande for a "cotion concernic, or (iii) for lation of this | ans the use of a sale, resale, or s by news media mmercial purpo ng news and cu the purpose of Act for a perso | any part of a solicitation or a a and non-pro- se" when the rrent or passir academic, sci n to knowingl | public record advertisement offt, scientific, principal purp ng events, (ii) ientific, or pul y obtain a pul | for or ose for olic |
| Please check if a fee waiver of Act states: "Documents shall be fur of the person requesting the docume reduction of the fee is in the public purpose of the request is to access a rights of the general public and is no | enished without char ents states the specinterest. Waiver or and disseminate info | rge or at a receific purpose reduction of ormation rega | luced charge, as for the request the fee is in the rding the health, | determined by and indicates e public intere safety and we | y the public bo that a waiver st if the princi | dy, or pal |
| Please indicate your reason for re | equesting a fee wa | iver: | | | | |
| | | | Check if you | ı are requesti | ing: | |
| Record description (<i>Please be</i> | specific) | | Electronic Copy | Inspection | Сору | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | 1 | | |