

KLAMATH COUNTY SCHOOL DISTRICT PUBLIC RECORDS REQUESTS



Parties requesting public records are required to complete the Public Records Request form and submit it, accompanied by a check made out to "KCSD" in the amount of \$25.00. This information will allow the District to contact you for clarification of your request and notify you when the records are available for pickup. Requests will be accepted or denied in accordance with the District's Guidelines for Public Records Requests. Name of Requesting Party (i.e., business name) MAILING ADDRESS OF REQUESTING PARTY: Street State Telephone E-Mail address Fax # For special consideration by the District in waiving or reducing the total fee, provide nonprofit 501(c)3 status, if applicable. Indicate For records that are subject to disclosure under ORS 192.355(9)(b), and created on or after June 20, 2007, Requesting Party must indicate, by initialing below, whether a condensation of the significant facts that are not otherwise exempt from disclosure under ORS 192.311 to 192.380 is desired. Initials Preferred method of obtaining public records Requesting Party Will Pick Up (please make your preference known by initialing the corresponding line). District will deliver via U.S. Postal Service It is to everyone's advantage if requests are as precise and as narrow as possible. The requester benefits because the request can be processed more quickly and inexpensively. The District benefits because it can do a better job of responding to the request. The Oregon Public Records laws work best when both the requester and the District act cooperatively. What records are you requesting? What is the purpose of this public records request? (i.e., What is the intended use of this information? How will this information be used?) In order to determine whether or not the requested public records qualify for fee reduction or waiver, or if the documents meet the "public interest test," requesting party/parties should fully disclose their intended purpose of the request. (Provide explanation on lines below. Attach additional pages, if necessary.)

Distric	y that the statements contained in this form are true and correct to the best of my knowledge and belief, that I have read and understand the Guidelines for Public Records Requests, and that I have attached the required \$25.00 deposit with this formal request. (Where fees are or a request is denied, District will return deposit payment with the District's next scheduled accounts payable processing.)
Name of Individual Requesting Records (please print)	
Signat	ure of Individual Submitting Request Date
Distri	ct Response
	Your request has been received and is being processed. The record(s) you requested is/are attached. We have the record(s). For personal access please contact the person whose name appears below. Your deposit of \$25.00 is not sufficient payment for your Public Records Request. Please submit the balance of \$
	The record(s) you have requested is/are exempt from disclosure under Oregon law. Please see the attached explanation. We do not have the record(s) you have requested.
Distr	rict Remarks
Signa Date	ture of KCSD Representative Title
For k	CCSD Use Only
Action Resp	est received by: n assigned to: onse due date: mount due: Deposit received: ace due (circle one): to KCSD To Requester On: Deposit received: Some divided in the content of the con