

**COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT  
PUBLIC RECORDS REQUEST**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

I wish a ( print  electronic) copy of the following record(s): (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If requesting an electronic copy, please specify:  fax  email  CD  tape  drive  other: \_\_\_\_\_

I wish to review the following record(s): (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I will be contacted within \_\_\_\_\_ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

\_\_\_\_\_  
Signature Date

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The records you wish to review and/or copy will be available be on \_\_\_\_\_ at the administration office.

\_\_\_\_\_  
Records Officer Date

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**RECEIPT/ACKNOWLEDGEMENT FORM**

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

\_\_\_\_\_  
Signature Date