

Monument School District 8

Code: KBA-AR(2)
Revised/Reviewed: 7/15/08
Orig. Code: KBA-AR

Request for Public Records

Requester's Name (please print): _____
Requester's Mailing Address: _____
Requester's Telephone No.: _____

Description of the records requesting:
(If additional space is required, please attach a separate sheet)

If the title of the document is known, please supply. If the title of the document is not known, please provide a statement of the subject matter for which documents are requested, a beginning date and an ending date for the time period of interest, and such other information as the requester can supply to facilitate the location and copying of the records.

I understand that I shall be responsible for all fees resulting from the above request and that Monument School District will be keeping track of its actual costs, including a charge for the time spent by staff in locating the requested records, reviewing the records in order to delete exempt material, supervising a person's inspection of original documents in order to protect the records, copying records, certifying documents as true copies if certification is requested, sending records by mail or other special handling, and for a per page copy fee. I further understand that prior to the time that district office staff will begin locating the records, staff will provide me with an estimated fee which I will pay. I agree that if the fee is insufficient to pay the actual costs finally determined, before I am entitled to the _records I will pay any amount due. I will expect that if the estimated fee exceeds the actual costs, I will receive a refund for the excess.

I further understand that Monument School District may charge for search time even if they fail to locate any records responsive to the request or even if the records which are located are subsequently determined to be exempt from public disclosure.

Requester's Signature _____ Dated: _____