

**Omak School District  
Request for Inspection and/or Copying of Public Records  
Reference Board Policy/Procedure 4040**

Date of Request \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Specification of the records or types of records requested \_\_\_\_\_

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Statement of the intended use of requested documents if lists of individuals are included in the request. *(If applicable)* \_\_\_\_\_

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Signature of Person(s) Making Request: *(Print & Sign)*

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*Note: A response to each written request for inspection and copying of district records shall be provided within five (5) business days. The district may respond by providing the requested record, denying the request, or acknowledging receipt of the request and providing a reasonable estimate of the time the district will require to respond. The district charges the statutory rate of fifteen (15) cents per page.*