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www.sd244.org

REQUEST FOR PUBLIC RECORDS

If more than three working days are needed to locate or retrieve the requested records, a response shall be provided within ten (10) working days of the request.

I request to examine []
copy [] the following records:

Signature

Name (Please Print)

Date of Request

Mailing Address:

Zip

Daytime Phone Number

(for office use only)
MOUNTAIN VIEW SCHOOL DISTRICT #244
[Public Agency]

Date Received

Charge for _____ copies @ .20 per copy = \$ _____
colored copies @ 1.00 per copy = \$ _____

Charge for staff time _____ hours @ ___per hour = \$ _____

Total Amount Due = \$ _____

Receipt Number : _____

Received by: _____