

**KDB-E ©  
EXHIBIT**

**PUBLIC'S RIGHT TO KNOW /  
FREEDOM OF INFORMATION**

**REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (city) (state) (zip)

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Nature of Request:**

- Opportunity to review records (no original record may leave the custodian's office)
- Copies of records.

**Please read and sign the following statement:**

I have requested public records of the School District for a noncommercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. 39-121.03.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Notice:** A fee will be charged for copying based upon actual cost for providing the information.

Records requested (please be as explicit as possible as to the records you desire):

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