

**Toledo School District
Public Record Request Form**

Fill in the information on this page, sign and return to:

Toledo School District
Attn: Public Record Request
P.O Box 469
Toledo, WA 98591
Or Fax to (360) 864-6326

Name: _____

Address: _____

City

State

Zip Code

Telephone: _____ E-Mail: _____
(Daytime) (Area Code)

Information:

Request: **Please be as specific as possible. Include dates, etc. as necessary.**

Reason for Request:

Signature of Requester

Date

****FOR OFFICE USE ONLY****

Department: _____

Date Received: _____

Handled By: _____

Response Deadline: _____

Copies: _____ @ _____ = _____