

ROSS SCHOOL DISTRICT

PO Box 1058 / 9 Lagunitas Rd Ross, CA 94957 415-457-2705 x.212

REQUEST FOR PUBLIC RECORD

NAME	DATE	DATE		
FIRM/ORGANIZATION				
ADDRESS	TELEPHONE	CELL PHONE	FAX	
CITY/STATE/ZIP	E-MAIL			
In compliance with California State Codes governing reledays within which to make a determination that the document Code Section 6253 (c), the district has charge for reimbursement of costs. Should you wish to hat a charge of \$0.10 per page to cover the costs of copy. You may have the option of scheduling an appointment Superintendent's staff. Please check the appropriate box	ments requested as "reasonable to ave photocopies ing.	d are public records. ime" to fulfill your requestions of the document(s);	uest and has the right to copies will be provided	
Provide a description of the public records you are requesting the records. (Use additional pages if necessary)	nat is sufficiently s	pecific for RSD to identif	fy and locate the	
Request appointment to view documents	Copies only			
Signature of person requesting document		Date		
DELIVER/MAIL/FAX/EMAIL YOUR REQUEST TO:	ATTN: Si PO Box 7 Ross, CA (415) 457 FAX (415	Ross School District ATTN: Superintendent's Office PO Box 1058 Ross, CA 94957 (415) 457-2705 x. 212 FAX (415) 457-8923 publicrecordsrequest@rossbears.org		
For RSD C	ffice Use Only			
Request Completed by:		Date Compl	eted:	
Time Required to Complete Request (Min/Hrs/Days): _		Amount Paid for Copies:		
Records Delivered Via: Mail In Person Email Fax				

Board Approved: January 13, 2016