## **Santa Monica-Malibu Unified School District**

Completed forms should be submitted to the Superintendent's Office at 1651 16<sup>th</sup> Street, Santa Monica CA 90404 or 310.581.1138 (fax)

## REQUEST FOR ACCESS TO OR COPIES OF DISTRICT RECORDS

Date: _		_
	Name	
	Address	
	City, State, Zip	
	Telephone	
	Fax/Email	
I am re	questing:	
	access for ins	pection
	digital via em	
	copies (.25 ce	
Docum	ent Name/Reference	Description (please provide as much detail as possible):
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designe busine	ee. Public records inc	records shall be placed in writing with the Superintendent or appropriate ude any writing containing information relating to the conduct of the district's ed, or retained by the district regardless of physical form or characteristics
(Gover		copy of any district record open to the public and not exempt from disclosure opying fees of \$0.25 per page may be assessed. Checks are to be made
determ The Su	ine whether the reque perintendent or desig	ng any request for a copy of records, the Superintendent or designee shall it seeks copies of disclosable public records in the district's possession. ee shall promptly inform the person making the request of his/her is for the decision (Government Code 6253).
(14) da	ys by providing writte	Superintendent or designee may extend the 10-day limit for up to fourteen notice to the requester and setting forth the reasons for the extension and ation is expected to be made.
		uest for public records shall state the name and title of each person vernment Code 6253, Board Policy 1340, and Administrative Regulation
Date R	eceived:	Signature: