MO ATAIN VIEW

UINTA COUNTY SCHOOL DISTRICT NO. FOUR

129 W. 2nd Street / P.O. Box 130 Mountain View, WY 82939

Public Records Request Form

INSPECTION AND COPYING OF PUBLIC RECORDS

EGAB-1-R

Pursuant to the provisions of W.S. §16-4-201, et seq., the School District will open for inspection by any person at reasonable times, except as provided by the Wyoming Public Records Act, or otherwise provided by law, all public records maintained by the School District. In all cases in which the person has the right to inspect and copy any public records, the District will furnish such copies for a reasonable fee to be charged as follows:

- 1. The actual cost to the District for the time of the person involved to gather and/or copy such records; and
- 2. The actual cost of copying such records if copied by another person or entity not an employee of the District or for black and white photocopies made by the District **10¢ per page**.
- The District may require that the estimated cost of the copies be paid in advance. Any excess payment shall be refunded and any underpayment shall be collected prior to distribution of the copies.

Adopted: January 10, 2012

To be completed by the Requ	estor:				
Last Name	First Name			Today's Date	
Mailing Address		City		State	ZIP Code
Date of Birth			() Daytime Phone		
Company	E-mail Address		() Fax		
Description of Information Re	equested: Please be as descriptive	e and thorough as	possible, and print legibly	/	
			, , ,		

Purpose of Request:						
Personal	Ū	☐ Commercial		☐ Litigation		
Uinta County School Distric some requests may require documents. If an extended	additional research that	may prolong the amour	nt of time in which you w			
If the request is urgent,	please identify the date o	desired: /	/			
Identifying this target do	oes not guarantee that yo	our request will be grante	ed by this date.			
Delivery Method Preferre	d:					
☐ Inspection	Copies	■ Mailed	☐ E-mailed	☐ Pick Up		
Request Made:						
☐ In Person	In Writing	By E-mail	By Phone	By Fax		
requested information as i Payment must be received over \$50.00, or requiring m	before the request will b	e released. Payment mu	•	rvices. or requests estimated at a cost		
Would you like the District	to contact you regarding	the charges before prod	essing your request?	Yes No		
Signature:			Date:			
			,			
☐ Request Granted		OFFICE USE ONLY				
Date Received:	/ /	Request	Completed: /	/		
	lease of Records: ×					
Fees: Copie	es \$	Time \$		Other:		
Posta	age \$	Fax <u>\$</u>		\$		
Request Denied	ding					
Reason for Withhole	anig.					
Uinta County Schoo	ol District No. Four is de	nying inspection or copy	ing of these records. Acce	ess is denied pursuant to		
	utes §16-4-201 (a) (v) to §1					