



JONES COUNTY SCHOOL DISTRICT PUBLIC RECORDS ACCESS REQUEST

Name of Requesting Party: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Nature, location and description of record(s) sought:

Request for inspection _____ Yes _____ No

Request for duplication of records _____ Yes _____ No

I agree to be financially responsible for all charges assessed by the district as actual costs incurred in searching, reviewing and/or duplicating the public records described above.

Signature: _____

Date: _____ Time: _____

FOR OFFICE USE ONLY: AMOUNT OF DEPOSIT Paid:

Received by: _____