EL MONTE UNION HIGH SCHOOL DISTRICT

REQUEST FOR PUBLIC RECORDS/INFORMATION

If you would like to request items of public information, including but not limited to; typed minutes, board policies and audiocassette tapes, please complete this form.

DATE: _______________ NAME: __________________________________________

Please Print Name

ADDRESS: ________________________________________________________________

________________________________________________________________________

PHONE: _________________________________________________________________

________________________________________________________________________

DESCRIPTION OF ITEM(S) REQUESTED:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Requestor’s Signature: _____________________________________________________

Payment in: Cash, Money Order, or Check
Please make checks Payable to: El Monte Union High School District

Office Staff:
☐ CD - $5.00 each
☐ Copies $.10 per page

Sub Total: ____________ Sub Total: ____________

Total Cost: ____________

Information provided: __________________________ Name __________________________ Date ____________

Payment Received in form of: ☐ Cash ☐ Money Order ☐ Check No. ____________

Originated – Superintendent’s Office