

**School Board**

**Exhibit - Inspection Report for District Records**

*Superintendent or designee completes at time of inspection.*

\_\_\_\_\_  
Name of Individual(s) Requesting District Records

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City

State

Zip

*To be completed by the staff member present at the requested record inspection or who provided requested copies.*

The individual(s) listed above has completed/or picked up requested copies at the District's main office.

Amount of copy fees paid \$\_\_\_\_\_.

Copies were mailed to the above listed address.

\_\_\_\_\_  
Staff Member Present at Inspection or Who Provided Copies

\_\_\_\_\_  
Date of Inspection and/or Copies Provided or Mailed

DATED: October 10, 2007