

**REQUEST FOR INFORMATION**

Date of Request: \_\_\_\_\_

Return completed form to  
Superintendent's Office

Person Requesting Information: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Title or Description of Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** In the interest of providing proper and effective service to the public, the Rim of the World Unified School District requests that this form be completed.

We will respond to your request within ten working days if at all possible.

You may be charged \$.10 per page for photocopies and \$5.00 for each duplicate cassette recording of any board meeting. You may also be charged for the time spent researching and assembling the information at the wage rate of the person providing the information.

**FOR DISTRICT USE ONLY**

Approved / Not Approved: By: \_\_\_\_\_ Date: \_\_\_\_\_

If Not Approved: Reason: \_\_\_\_\_

Info Provided: Date: \_\_\_\_\_ By - Name/Dept.: \_\_\_\_\_

Information: Mailed: \_\_\_\_\_ Picked Up: \_\_\_\_\_ Given by Telephone: \_\_\_\_\_

Number of Pages _____	x \$ .10 page =	Copy Charges _____
Number of Tapes _____	x \$5.00/tape =	Cassette Chgs _____
Personnel Time _____	x _____	Personnel Chgs _____
Other _____	=====	Other Charges _____
(Mailing, legal, etc.)		<b>TOTAL CHARGES</b> _____

Payment by: Cash \_\_\_\_\_ / Check #: \_\_\_\_\_ / Receipt #: \_\_\_\_\_

Completed forms to be kept on file in the Business Office

Exhibit  
approved: June 14, 1994

**RIM OF THE WORLD UNIFIED SCHOOL DISTRICT**  
Lake Arrowhead, California