## Instructions:

## 1. Complete Section A of following form.

2. Retu	n comple	eted form to	o the appropriate	Mission Oal	ks Recreation	and Park District O	Office.
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Section A - Requestor/Records Request Information										
Requestor Name		Phone Number	Today's Date							
Mailing Address	City	State	Zip Code							
This is a request to:										
(Please describe in the space below the records you are requesting and any additional information that will assist in quickly locating them.)										
Title of Record(s):	Description:		Date(s) of Record(s):							
If record(s) concern individual(s) o	ther than requestor, please state	Special Handling:								
names(s):		<ul> <li>Please mail copies (Payment is required before copying or mailing)</li> </ul>								
		<ul> <li>Please hold for pick-up</li> </ul>								
Signature of Requestor		Please Email to:								
Signature of Requestor		Request was Made								
		□ In person □ By Phone □ By Mail (Attach Request)								
I certify that the photocopies of the records received as listed above will not be used for commercial purposes. I agree to pay a reasonable standard charge of .10 per copy plus cost of mailing.										
(Signature) (Date)										
Section B – Mission Oak	s Recreation and Park D	istrict Response								
1. D Approved										
<ol> <li>Approved</li> <li>Denied - It has been determined that the records requested are exempt understate law OR for the</li> </ol>										
following reasons:										
3. <b>C</b> The requested records are not available for the following reasons:										
Section C - Department Use Only										
Date Requestor Notified	Responding Employee		Total staff time							