



**REQUEST FOR PUBLIC INFORMATION**

Please complete the following information: Date: \_\_\_\_\_

Person requesting information: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**INFORMATION AND FORMAT REQUESTED** (Please be specific or clarification will be required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of requestor: \_\_\_\_\_

**NOTICE**

This Request for Public Information form must be completed in its entirety and signed before the District has any obligation to locate or make available any requested information. Any requested information determined to be subject to public inspection will be made available by the District within a reasonable time period. Completing and submitting this form request does not guarantee that the information you request will be subject to public inspection. The District reserves the right to assert any statutory exemption under the Texas Public Information Act (Chapter 552 of the Texas Government Code) or any other applicable law governing disclosure of information or records. This form does not apply to a request for medical records.

The District will notify you of any charges to you that may be allowed under the Texas Public Information Act. These charges must be paid prior to receiving the information requested.

**DISTRICT USE ONLY**

Received by: \_\_\_\_\_ Date rec'd: \_\_\_\_\_

Amount due: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_