

**PUBLIC INFORMATION REQUEST FORM**

This form is available online at [www.alto.esc7.net](http://www.alto.esc7.net) and may be printed, completed, and faxed to: 936-858-2101- Attn: Superintendent; emailed to: [kwest@alto.esc7.net](mailto:kwest@alto.esc7.net) or mailed to: Superintendent, Alto ISD 244 CR 2429 Alto, TX 75925

Requestor \_\_\_\_\_ Date of Request \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/Zip Code \_\_\_\_\_ Fax Number \_\_\_\_\_

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of Alto Independent School District, Alto, Texas. *(Please be specific as to exactly what information you are requesting and the format desired for the information such as alphabetical, by school, by zip code, etc.)*

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\_\_\_\_\_ I wish a copy of the requested information. I understand that I must pay ten cents (10¢) per page for standard size paper copies. Information copied onto nonstandard-size paper, cassette tapes, or computer disks will require additional charges.

\_\_\_\_\_ I will pick up the copies. Please call me at the telephone number listed above when they are ready.

\_\_\_\_\_ Please call and inform me of all costs (copies, postage & shipping, etc.) and then mail the information to me at the address listed above after you have received my payment for these charges.

\_\_\_\_\_ I do not want copies but wish to inspect the originals of the requested information. Please call me at the telephone number listed above to schedule a time when the records will be available for viewing.

In making this request I understand:

- that AISD is under no obligation to create a document to satisfy my request or to comply with a standing request for information
- items expressly confidential under law will not be disclosed (refer to the Public Information Handbook, Part Two, Exceptions to Disclosure, at [www.oag.state.tx.us](http://www.oag.state.tx.us) for more information)
- that AISD will contact me in the manner indicated above regarding my request within approximately ten (10) days

\_\_\_\_\_  
Signature of Requestor

**FOR DISTRICT USE ONLY**

Date received: \_\_\_\_\_ Received by (employee): \_\_\_\_\_

Action taken by District in obtaining information: \_\_\_\_\_

Date Information Released: \_\_\_\_\_ Employee releasing info: \_\_\_\_\_ Fee Received: \$ \_\_\_\_\_