

BROOKS COUNTY INDEPENDENT SCHOOL DISTRICT

District No. 024901

**TEXAS PUBLIC INFORMATION ACT
PUBLIC INFORMATION REQUEST**

DISPOSITION OF RECORDS REQUEST

Date

To: The Superintendent of Schools of Brooks County I.S.D.

1. _____
Name Address Phone

has requested the following record(s) of Brooks County I.S.D.: *(describe request)*

Signature of Applicant

2. The following action on the request if authorized:
- The record is public information. Release it.
 - The Attorney General has determined the record is not confidential. Release it.
 - The Attorney General has determined the record is confidential. Do not release it.
 - No determination of whether the record is confidential has been made by the Attorney General and request for his opinion has been made. Do not release it until a ruling from the Attorney General has been received.

Principal

Superintendent of Schools or Designee

Date

Completed forms should be returned to asanchez@brookscountyisd.net and CC to ccharles@brookscountyisd.net or by fax at (361)325-1913.

BROOKS COUNTY INDEPENDENT SCHOOL DISTRICT

District No. 024901

**TEXAS PUBLIC INFORMATION ACT
PUBLIC INFORMATION REQUEST**

REQUEST FOR RECORDS

In accordance with legal policy GBA and the Public Information Act, I hereby request that copies of the following record(s) of Brooks County I.S.D. be made available for my inspection or duplication. I agree to pay the duplication costs at the rates adopted by the Board.

Inspection Only (Please check)	Copies Requested (Please check and note number of copies)	Public Information Requested (Include description adequate to clarify request)
<input type="checkbox"/>	<input type="checkbox"/> _____	_____
<input type="checkbox"/>	<input type="checkbox"/> _____	_____
<input type="checkbox"/>	<input type="checkbox"/> _____	_____
<input type="checkbox"/>	<input type="checkbox"/> _____	_____
<input type="checkbox"/>	<input type="checkbox"/> _____	_____
<input type="checkbox"/>	<input type="checkbox"/> _____	_____
<input type="checkbox"/>	<input type="checkbox"/> _____	_____
<input type="checkbox"/>	<input type="checkbox"/> _____	_____

Requested By: _____
Name

Title: _____
Title

Address: _____
Street or P.O. Box City State Zip Code

Date of Request: _____ Phone: _____

This completed form shall be presented to the custodian of public records of Brooks County I.S.D.

BROOKS COUNTY INDEPENDENT SCHOOL DISTRICT
District No. 024901

TEXAS PUBLIC INFORMATION ACT
PUBLIC INFORMATION REQUEST

STATEMENT OF CHARGES FOR DUPLICATION OF PUBLIC RECORDS

Staff Member Handling Request: _____

Office: _____

Pages in Record: _____ Copies per Page: _____ Total Pages: _____

Copy Charge: _____ pages @ _____ cents per page \$ _____

_____ pages @ _____ cents per page \$ _____

Research Charge: _____ hours @ _____ per hour \$ _____

State Sales Tax: \$ _____

City Sales Tax: \$ _____

Other (Explain: _____) \$ _____

Total To Be Collected: \$ _____

Date Payment Received: _____ Date Information Furnished: _____

Payment Received By: _____

The applicant shall present this form to the custodian of public records for payment. Upon receipt of payment, copies of records requested shall be furnished.