

Coldspring-Oakhurst Consolidated Independent School District

(936) 653-1115

fax (936) 653-2197

Request for Public Information Form

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: H _____ W _____

“Public information” means information that is collected, assembled, or maintained under a law or ordinance or in connection with the transaction of official business by the Board or for the Board and to which the Board has a right of access. {Gov’t Code 552.002 (a) and GBA (Legal)}.

Requests for public information shall go through the superintendent or business manager. Every effort will be made to produce promptly the requested information. In the event the information is stored or otherwise not readily available, an estimation of the time the information will be available will be given.

Please clearly and concisely describe the information being requested.

Please check: Inspection only Number of copies/sets requested _____
(\$.10 copy up to 50; 50+ copies \$.15 a copy)

Signature

District person handling request: _____

Fee: _____ (if any)

Request has been:

- ___ Approved
- ___ Disapproved
- ___ Information not available
- ___ Needs ruling from Attorney General

Signing document indicates that you have received the information requested.

Signature

Date

Comments: _____
