

**Muenster Independent School District  
PO Box 608  
113 East 7th Street  
940-759-2281**

In accordance with GBAA (Legal) and the Texas Public Information Act, I request that the following records of the District be made available to me as copies for my inspection. I agree to pay the duplication costs if the cost does not exceed \$40. I understand that if the cost will exceed \$40, I will receive an estimate of charges and will have the opportunity to modify or withdraw my request before any copies are made.

Inspection only	Copies requested	Copy format (paper or electronic)	Number of copies requested	Public information requested (include description adequate to clarify request)

Name of person requesting information: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Email address (if requesting electronic copy): \_\_\_\_\_

*This completed form should be presented to the Superintendent or designee.*

From: Superintendent  
 To: Principal or department head  
 Date: \_\_\_\_\_

The District received this request for public information on \_\_\_\_\_(date).

Request for Copies: If this information is readily available, please respond electronically via email with documents attached or attach the copies to this form and return the form and copies to my office.

Request for Inspection: Please indicate the place, dates, and times the requested information will be available for inspection.

\_\_\_\_\_