

See the following pages for forms relating to the request for duplication of and access to District records:

- Exhibit A: Request for Records — 1 page
- Exhibit B: Response to Request for Records — 2 pages
- Exhibit C: Sample Letter of Estimated Charges — 2 pages
- Exhibit D: Statement of Charges — 1 page

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**Note:** Please refer to the Public Information Handbook from the Office of the Attorney General to view additional forms, including a step-by-step guide to Public Information Act Deadlines for Governmental Bodies (Appendix C) and a sample Notice Statement to Persons Whose Proprietary Information is Requested (Appendix D). The Handbook is published online at [http://www.oag.state.tx.us/AG\\_Publications/pdfs/publicinfo\\_hb.pdf](http://www.oag.state.tx.us/AG_Publications/pdfs/publicinfo_hb.pdf).

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EXHIBIT A

REQUEST FOR RECORDS

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 or 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.

Please check the appropriate box:

Inspection only	OR	Copies requested	Copy format (paper or electronic)	Number of copies requested	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"/>	_____	_____	_____

Name of Person Requesting Information	Phone
Mailing Address	City State / Zip
E-mail Address (if requesting an electronic copy)	

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

FROM: Superintendent Date: \_\_\_\_\_

TO: Principal or Department Head

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

- REQUEST FOR COPIES: If this information is readily available, please respond electronically via e-mail 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.
- If this information is not readily available, please check and explain.



EXHIBIT B

RESPONSE TO REQUEST FOR RECORDS

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**Note:** If the District receives a written request by United States mail and cannot adequately establish the actual date on which the District received the request, the written request is considered to have been received by the District on the third business day after the date of the postmark on a properly addressed request. *Tex. Gov't Code 552.301(a-1)*

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FROM: Superintendent Date: \_\_\_\_\_

TO: Person Requesting Records

Your request for public information was received by the District on \_\_\_\_\_ (date).

- The information will be available for inspection at \_\_\_\_\_ (location) on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).
- Copies of the information you requested are ready and may be picked up at \_\_\_\_\_ (location) between 8:00 a.m. and 5:00 p.m.
- Copies of the information you requested were mailed on \_\_\_\_\_ (date).
- Copies of the information you requested were sent electronically via e-mail on \_\_\_\_\_ (date).
- The information is not readily available because \_\_\_\_\_. The information will be available at \_\_\_\_\_ (time) on \_\_\_\_\_ (date).
- The District has asked for a decision from the attorney general about whether the information you requested is within an exception to public disclosure. Attached to this form, you will find a copy of our written communication to the attorney general asking for the decision. If our written communication to the attorney general discloses the requested information, that information will have been redacted from the copy you receive. *(If checking this item, attach to this form a copy of the District's communication to the attorney general.)*
- The record you requested is confidential and cannot be released.
- Some of the information you requested is confidential and cannot be released. This information includes: \_\_\_\_\_  
\_\_\_\_\_
- The record you requested does not exist.

- Some of the information you requested does not exist. This information includes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Superintendent or designee

EXHIBIT C

SAMPLE LETTER OF ESTIMATED CHARGES

Dear \_\_\_\_\_:

We received your request for public information on \_\_\_\_\_ (date). We have determined that the charges for the copies will be more than \$40. Therefore, the following statement is provided pursuant to Government Code 552.2615.

Itemized statement of estimated charges:

Copies, approx. _____ pages @ _____ cents per page	\$ _____
Personnel time*, _____ hours @ \$_____ per hour	_____
Overhead**, \$_____ (personnel charge) x .20	_____
Other _____ @ \$_____	_____
Postage (actual amount)	_____
Estimated Total	\$ _____

\*Personnel costs include the cost of locating, compiling, and reproducing the information and are computed by multiplying the amount of time actually spent in these activities times an hourly rate.

\*\*Overhead charges are computed at 20 percent of personnel costs associated with the request.

A less expensive way of obtaining this information would be for you to inspect the records at our offices. If you choose this option, please provide three dates and times during our regular office hours that are most convenient for you. You may still be charged for copies of records that contain confidential information and require redaction before inspection.

You must choose one of the following:

1. Accept the charges and agree to pay the above estimated charges; or
2. Modify your request. (If you choose to inspect the records, it is considered a modification, not a new request.)
3. Send a complaint to the attorney general if you believe you are being overcharged for a copy of public information.

You must respond to this letter in writing and within ten business days from the date it was sent. Your response must indicate your choice from the three options above. If you do not respond, your request will be considered automatically withdrawn.

INFORMATION ACCESS  
REQUESTS FOR INFORMATION

GBAA  
(EXHIBIT)

You may choose to respond by one of the following methods:

1. Mail to \_\_\_\_\_ (*mailing address*);
2. E-mail to \_\_\_\_\_ (*e-mail address*);
3. Fax to \_\_\_\_\_ (*fax number*); or
4. Deliver your written response in person at \_\_\_\_\_ (*address*).

(Optional/If Applicable) Your request is also in excess of \$100. In accordance with Government Code 552.263, we request a deposit of \$\_\_\_\_\_. Your check or money order must be made payable to \_\_\_\_\_ and mailed to: \_\_\_\_\_ (*address*). You may also pay in cash at our offices.

Please note that no work will be undertaken until we receive your written response. If you accept the charges and a deposit has been requested, we must receive your deposit before any copies will be made.

If you pay a deposit and the actual final amount is less than the amount paid, we will issue you a refund. If the actual amount is more than you paid but within 20 percent of that amount, payment must be made in full before you will receive the copies. We will send you an updated statement if the final amount will exceed 20 percent of the first agreed estimated amount.

If you still want the requested information, please complete the statement below and send it to: \_\_\_\_\_.

- I accept the estimated charges and agree to pay them.
- I wish to modify my request in the following ways:

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

- I am sending a complaint to the attorney general because I believe I am being over-charged for a copy of public information.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



EXHIBIT D

STATEMENT OF CHARGES

Staff member handling request:
Office:
Person requesting records:
Date:

Pages in record \_\_\_\_\_ Copies per page \_\_\_\_\_ Total pages \_\_\_\_\_

Copies, _____ pages @ _____ cents per page	\$ _____
Personnel time*, _____ hours @ \$_____ per hour	_____
Overhead**, \$_____ (personnel charge) x .20	_____
Other _____ @ \$_____	_____
Postage (actual amount)	_____
TOTAL TO BE COLLECTED	\$ _____

Date payment received:
Date information furnished:
Payment received by:

This form will be presented to the requestor for payment. Upon receipt of payment, copies of records requested will be furnished.

\*Personnel costs include the cost of locating, compiling, and reproducing the information and are computed by multiplying the amount of time actually spent in these activities times an hourly rate.

\*\*Overhead charges are computed at 20 percent of personnel costs associated with the request.