



**San Felipe Del Rio**

*Consolidated Independent School District*

**P.O. Drawer 428002**

**Del Rio, Texas 78842**

**Public Information Request Form**

*Persons desiring to review documents maintained by the District and classified as public information may submit their requests, in writing, on forms provided by the District or in any other written manner that sets forth the required information. The request must properly identify the document or documents to be inspected.*

*If the District receives a written request by U.S. 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 post-mark on a properly addressed request. Gov't Code 552.301(a1)*

*All requests will be handled in the order that they are received.*

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_ Company or Organization: \_\_\_\_\_

Physical Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is this a media request?  yes  no

*To help the District provide the requested information, the requestor's name, company name (if applicable), physical address or e-mail address must appear on the request. The request must provide as much detailed information as possible to describe the information being requested. Please provide a description of the information you are requesting in the space provided below: (Attach e-mail request if applicable)*

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

*Pursuant to Government Code 552.2615, a schedule of charges for any requested copies of records will be made available to all persons requesting records. If the cost of copies will exceed \$40, the District will prepare a written estimate of charges and the availability of any less expensive method for viewing the information. If an estimate of charges is necessary, the copies will be made available only if the requestor responds in writing within ten business days to indicate that he or she has modified the request, or is willing to accept the charges and wants the copies as originally requested.*

**Schedule of Charges:**

Copies, approx. _____ pages @ 10 cents per page	\$ _____
Personnel time*@ \$15 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.

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

UPDATE 6/19/2019  
GBAA(EXHIBIT)-RRM