409.684.3515
P.O. Box 1398
1840 Hwy 87
Crystal Beach, TX 77650

PUBLIC INFORMATION REQUEST

Date of Request: _____

Requester's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Alternate Contact Number: _____

Please describe the information that you are requesting: _____

_____

Please indicate below how you would like to receive the information:

_____ By Mail (Above Address) _____ Pick Up in Person

_____ By Fax (Cannot be more than 10 pages) Fax Number: _____

Please read the following certification and sign below:

I understand that there is a charge for public information provided by the District. Furthermore, I understand that if the cost of the information I have requested exceeds $50.00, the District will inform me in writing, prior to fulfillment.

_____ _____

Requester's Signature Date

----------**OFFICE USE ONLY**----------

Description of Information	Number	Cost	Total
Standard Size Paper Copies		@$0.10/page	
Nonstandard Size Copies:			
11x17 Paper		@$0.50/page	
Other:			
Personnel Charges		@$30/hr.	
PC Processing Charge		@$1.00/hr.	
Postage/Shipping Charge			
Other Charges:			
	TOTAL CHARGES:		