



1840 Highway 87 • P.O. Box 1398 • Crystal Beach, TX 77650
 Telephone: (409) 684-3515 Fax: (409) 684-7515

PUBLIC INFORMATION REQUEST

Date of Request: _____
 Requester's Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No.: _____ Alternate Telephone: _____

Please describe the information that you are requesting: _____

How would you like to receive the information:

- By Mail
 Pick Up In Person
 By Fax (cannot be more than 10 pages)

Please read the following certification and sign below:

I understand that there is a charge for public information provided by the District. I agree to pay all charges within ten (10) days of receipt of the information. Furthermore, I understand that if the cost of the information I have requested exceeds \$50.00, the District will inform me in writing and may require payment in advance.

 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	
Labels		@\$0.25/page	
Blue Print (actual cost)			
Diskette		@\$2.00/each	
Audio Cassette		@\$1.00/each	
VHS Video Cassette		@\$2.50/each	
Other:			
Personnel Charges		@\$15.00/hr	
PC Processing Charge		@\$1.00/hr.	
Postage/Shipping Charge			
Other Charges:			
		TOTAL CHARGES:	

1ST DUE: _____ 2ND DUE: _____ DATE PAID: _____ RCVD. BY: _____