

LOS FRESNOS

CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

P.O. Box 309 • 600 N. Mesquite St. • Los Fresnos, Texas 78566



Request for Public Information

Requestor's Name: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip _____ Email Address: _____

This is a request under the Texas Public Information Act, Chapter 552 of the Government Code (formerly V.T.C.S. article 6252) as well as Article I, Sec. 8 of the Texas Constitution, the First Amendment to the United States Constitution, the common law of the State of Texas and any statute providing for public access to government information.

Los Fresnos CISD Public Information Program: Public's Right To Know

In accordance with GBA (LEGAL) and the Public Information Act, I hereby request that copies of the following records of the District be made available for my inspection or duplication. I agree to pay the duplication costs at the rate adopted by the Board if the cost does not exceed \$40.00. I understand that if the cost will exceed \$40.00, I will receive an estimate of charges and will have the opportunity to modify my request before any copies are made.

I hereby request the following information currently existing in the records of the Los Fresnos Consolidated Independent School District in Los Fresnos, Texas: (Provide detailed information about what type(s) of information adequate to clarify the request.)

Please Check Appropriate Boxes:

Please notify when the information will be available. I reserve the right to request copies after inspecting the originals. I understand that I must pay 10 cents per page for letter-size copies and that a charge for labor may be included for larger requests.

I wish to receive the requested information electronically in digital format. Please email them to the email address above. I will submit a reply to confirm that the information is received.

I wish to pick up printed copies. Please notify me when this information is ready by email or telephone call.

I do not want copies, but wish to inspect the originals of the requested information. Please notify me when this information is ready by email or telephone call.

Requestor's Signature: _____ Date: _____

(If submitted electronically by digital format, the digital signature will be accepted.)

Or submit printed form to:

Executive Director for Support Services
Los Fresnos CISD
600 N. Mesquite St.
Los Fresnos, Texas 78566

Or, submit digital form in PDF file to:
aamaro@lfcisd.net

Or, fax the form to 956-254-5054

For Office Use Only: Confirmation Upon Receipt of Requested Information:

Requestor's Name: _____ Date: _____

(If submitted electronically by digital format, the printed name will be considered a signature.)