

INFORMATION ACCESS:
REQUESTS FOR INFORMATION

GBAA
(EXHIBIT)

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 - 1 page

Exhibit C: Guidelines for Copy Charges - 1 page

Exhibit D: Sample Letter of Estimated Charges - 2 pages

Exhibit E: Statement of Charges - 1 page

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 (Appendix B) and a sample Notice Statement to Persons Whose Proprietary Information is Requested (Appendix C). The Handbook is published online at http://www.oag.state.tx.us/AG_Publications/pdfs/publicinfo_hb2006.pdf.

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UPDATE 28
GBAA(EXHIBIT)-RRM

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EXHIBIT A

REQUEST FOR RECORDS

In accordance with GBAA(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. 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	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"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Name of Person Requesting Information
Phone
Street / Box / RFD
City / State / Zip

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).	
<input type="checkbox"/>	REQUEST FOR COPIES: If this information is readily available, please attach the copies to this form and return the form and copies to my office.
<input type="checkbox"/>	REQUEST FOR INSPECTION: Please indicate the place, dates, and times the requested information will be available for inspection.
<input type="checkbox"/>	If this information is not readily available, please check and explain.

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EXHIBIT B

RESPONSE TO REQUEST FOR RECORDS

FROM: Superintendent		Date _____
TO: Person Requesting Records		
RE: Your request for public information received by the District on _____ (date).		
<input type="checkbox"/>	The information will be available for inspection at _____ (location) on _____ (date) at _____ (time).	
<input type="checkbox"/>	Copies of the information you requested may be picked up at my office between 8:00 a.m. and 5:00 p.m.	
<input type="checkbox"/>	The information is not readily available because _____. The information will be available at _____ (time) on _____ (date).	
<input type="checkbox"/>	The District wishes to withhold the information you requested and 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 request, 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.)	
<input type="checkbox"/>	The record you requested is confidential and cannot be released.	

Superintendent signature _____

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EXHIBIT C

GUIDELINES FOR COPY CHARGES

For current guidelines for copy charges, please refer to the Public Information Handbook from the Office of the Attorney General published online at http://www.oag.state.tx.us/AG_Publications/pdfs/publicinfo_hb2006.pdf

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EXHIBIT D

SAMPLE LETTER OF ESTIMATED CHARGES

Dear _____:

We are in receipt of your request for public information received 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, _____ hours @ \$ _____ per hour	_____
Overhead, \$ _____ (personnel charge) x .20	_____
Other _____ @ \$ _____	_____
Postage (actual amount)	_____
Estimated Total	\$ _____

A less expensive way of obtaining this information would be for you to come and inspect the records at our offices. If you choose to take this option, please provide three dates and times during our regular office hours when it will be convenient for you to come. If you choose to inspect the information, you will be able to take notes. You may inspect up to 50 pages total without charge. If you choose to inspect more than 50 pages, personnel and overhead charges will be allocated to the number of pages you take.

You must choose one of the following:

1. Accept the charges and agree to pay; or
2. Modify your request. (If you choose to inspect the records, it is considered a modification, not a new request.)

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

You may choose to respond by e-mail, fax, regular mail, or by dropping your written response in person at our offices.

(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, your deposit must be received before any copies will be made.

If you pay a deposit and the actual final amount is less than the amount paid, you will be issued a refund by separate cover. If the actual amount is more than what you paid but within 20 percent of that amount, payment must be made in full before you can receive the copies. An updated statement will be sent to you 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:

Printed Name _____

Signature _____

Date _____

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EXHIBIT E

STATEMENT OF CHARGES

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

Pages in record _____ Copies per page _____ Total pages _____

Copies, approx. _____ pages @ _____ cents per page	\$ _____
Personnel*, _____ 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 Superintendent or designee for payment by the requestor. 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.

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