



REQUEST FOR PUBLIC INFORMATION

In accordance with GBAA (LEGAL) and the Texas Public Information Act, I request that the following records of the District be made available to me as copies or for my inspection. I agree to pay the duplication costs 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.

Requestor Name: _____ Date: _____

Please provide at least one of the following: mailing address, phone number, fax number, and/or email address so that Lago Vista ISD has a method of communicating with you to efficiently and promptly furnish the information you are requesting

Mailing address _____

City _____ State _____ Zip _____

Telephone number: _____ Fax number _____

Email address: _____

Please clearly and concisely describe the information you are requesting:

Please check or indicate: _____ Inspection only **OR** Copies Number of copies requested _____

Please check or indicate: _____ Requestor to pick up **OR** _____ LVISD to send

To Be Completed By LVISD Personnel

District employee handling request: _____

Date information furnished/request completed _____

Info not available _____ Requesting ruling from AG _____

LAGO VISTA INDEPENDENT SCHOOL DISTRICT

www.lagovistaisd.net

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