



P. O. Box 249 • Florence, Texas 76527 • (254) 793-3103
www.ctsud.org

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		@\$.10/page	
Nonstandard Size Copies:			
11x17 Paper		@\$.50/page	
Labels		@\$.30/page	
Blue Print (actual cost)			
Diskette		@\$1.00/each	
CD		@\$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: _____