

Palestine Independent School District
 1007 E. Park Avenue, Palestine, Tx. 75801
 903-731-8000

REQUEST FOR RECORDS

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. 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"/>	_____	_____

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

 Signature _____
 Date

This completed form should be presented to the Superintendent or designee.

Information requested above received:

Date: _____

Received by: _____