



Westwood Independent School District

P.O. Box 260 Palestine, Tx. 75802

Phone: 903-729-1766 / Fax: 903-729-3696

PUBLIC INFORMATION REQUEST FORM

This form is available online at www.westwoodisd.net and may be printed, completed, and faxed to (903) 729-3696 – Attn. Superintendent; or mailed to; Westwood ISD P.O. Box 260 Palestine, Tx. 75802

Requestor _____

Date of Request _____

Street Address _____

Phone Number _____

City/ Zip Code _____

Fax Number _____

Pursuant to the Public Information Act, Texas government Code, Section 552, I hereby request the following information currently existing in the records of the Westwood Independent School District, Palestine, Texas. *(Please be specific as to exactly what information you are requesting and the format desired for the information such as alphabetical, by school, by zip code, etc.)*

- _____ I wish a copy of the requested information. I understand that I must pay ten cents (10¢) per page for standard size paper copies. Information copied onto nonstandard-size paper, cassette tapes, or computer disks will require additional charges.
- _____ I will pick up the copies. Please call me at the phone number listed above when they are ready.
- _____ Please call and inform me of all costs (copies, postage & shipping, etc.) and then mail the information to me at the address listed above after you have received my payment for these charges.
- _____ I do not want copies but wish to inspect the originals of the requested information. Please call me at the number listed above to schedule a time when the records will be available for viewing.

In making this request I understand:

- That WISD is under no obligation to create a document to satisfy my request or to comply with a standing request for information
- Items expressly confidential under law will not be disclosed (refer to the public Information Handbook, Part Two, Exceptions to Disclosure, at www.oag.state.tx.us for more information)
- That WISD will contact me in the manner indicated above regarding my request within approximately ten (10) days

Signature of Requestor

FOR DISTRICT USE ONLY

Date received: _____ Received by (employee): _____

Action taken by District in obtaining information: _____

Date Information Released: _____ Employee releasing info: _____ Fee Received: \$ _____