

Devine Independent School District

Public Information Request

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:

Inspect only	O R	Copies requested	Number of copies requested	Public information requested (include description adequate to clarify request)
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Date of Request: _____

Name of Person Requesting Information: _____

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Signature of Person Requesting Information: _____

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