



East Chambers ISD
Scott Campbell, Superintendent
216 Champions Loop
Winnie, TX 77665
Phone 409-296-6100 Fax 409-296-3528

In accordance with GBAA(LEGAL) and the Texas Public Information Act, I request that the following District information 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. I understand that the information I provide on this form is subject to public disclosure in accordance with law.

I understand that I may permit the District to redact responsive information the District considers confidential, without requesting a written decision from the attorney general. I understand that I am not required to provide such permission but doing so may streamline the handling of my request or reduce costs. If I agree to redactions in this request, as indicated below, I understand I may request the redacted information in a future information request if desired.

Public information requested (include description adequate to clarify request)	Inspection only (Circle one)	Copies requested (Circle one)	Number of copies requested	Copy format (circle appropriate choice for paper or electronic)	Allow District to redact information that may be confidential under PIA exceptions?
	Yes	Yes		Paper – mailed	Yes
	No	No		Paper – will pick up	No
				Electronic	
	Yes	Yes		Paper – mailed	Yes
	No	No		Paper – will pick up	No
				Electronic	
	Yes	Yes		Paper – mailed	Yes
	No	No		Paper – will pick up	No
				Electronic	



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Name of person requesting information:			
Phone:			
Mailing Address:			
City / State / Zip:			
Email address (if requesting electronic copy):			

This completed form should be presented to the officer for public information or in a manner acceptable to the District under law.

For District's Internal Use Only

From:	Officer for Public Information
To:	Principal, department head, or other records custodian
Date:	

The District received this request for public information on _____ (date). Please take the following actions no later than _____ (date).

Request for Copies: If this information is readily available, please return this form and copies of requested information to my office. If sensitive, confidential, voluminous, or electronic information is included, please contact the officer for public information for further instructions, if any, prior to disclosure or transfer concerning the method of disclosure or transfer.

Request for Inspection: If this information is readily available, please return this form indicating the place, dates, and times the requested information will be available for in-person inspection. If sensitive, confidential, voluminous, or electronic information is included, please contact the officer for public information for further instructions prior to disclosure.

If this information is not readily available for either inspection or duplication, please explain the circumstances preventing availability and indicate place, date, and time the requested information will be available for copies or inspection:

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