

Alief Independent School District Public Information Request Form

TO BE COMPLETED BY REQUESTOR

Requestor's Name: _____ Phone Number: _____

Representing (Optional): _____

Type of Data being requested: Student Personnel Financial Other _____

Requesting: Paper Print Out Gummed Labels # of copies of each _____

Information to be included: _____

Desired Sequence (ex. Alphabetical by campus): _____

Date Needed: _____ Call with Cost Estimate: Yes No Only if over \$ _____

Date of Request: _____ Requestor's Signature: _____

FOR SCHOOL DISTRICT USE

Requires Attorney General Ruling Information Not Available

Authorizing Signature: _____ Date: _____

Cost Estimate: \$ _____ Requestor Notified: Yes No By: _____ Date: _____

Actual Cost Breakouts:

- Pages
standard copy paper--\$.10 per page or part of page. Each side that has
A printed image is considered a page. _____
- Oversized Paper Copy
11x17, green-bar, blue-bar--\$.50 _____
- Gummed Labels
\$1 per page—24 labels per page _____
- Processing
Programming personnel---\$26 an hour, including fringe benefits; other
Personnel—(more the 50 copies) \$15 per hour including fringe benefits _____
- Miscellaneous supplies
labels, boxes, etc. _____
- Postal and shipping charges _____
- Overhead charges
\$26 x .20 per hour; \$15 x .20 per hour _____

Total Cost: _____

Payment Received by: _____ Date: _____ Total: _____

ACKNOWLEDGMENT OF RECEIPT

Information received as requested: Yes No Comments: _____

Requestor's Signature: _____ Date: _____