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FOUR CORNERS STATION
MIDDLE GROVE STATION
PRATUM STATION
MACLEAY STATION
BROOKS STATION
CLEAR LAKE STATION
LABISH CENTER STATION
COLLEGE STATION

Request for Disclosure of Public Records

Date: _____

Name of Requester: _____

Requester Address: _____

Requester Phone: _____

Requester Email (Optional): _____

Public Documents Requested:

1. _____
(Name or description of record)

2. _____
(Name or description of record)

I wish to arrange an opportunity to personally inspect the requested records

I wish to receive copies of the requested records

Fees for public records requests are as follows:

- \$0.25 per page for photocopies (two-sided copies are considered as two pages)
- \$5.00 per audio recording

(Requester's Signature)

<p align="center">Records Custodian Use Only</p> <p>Received Date: _____</p> <p>Receiver's Initials: _____</p>
