

Slidell Independent School District



P.O. Box 69 Slidell, TX 76267
940-535-5260 or twilliams@slidellisd.net

For office use:

PIR #: _____

Date: _____

Request for Public Records

In accordance with GBAA (LEGAL) and the Texas Public Information Act, I request that the following records of the District be made available to me as copies or for my inspection. Please note, a cost estimate will be provided if responsive materials exceed 50 pages or \$40.00. Cash or check made payable to Slidell ISD will be accepted as payments. No credit or debit cards.

Please Type or Print Legibly:

Name of the person/business requesting information: _____

Phone: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ E-mail address: _____

Detailed description of information sought (please be as specific as possible):

Check appropriate box:

Inspection Only	Copies Requested	Copy Format (paper or electronic)	Number of Copies Requested

All requests must be in writing and directed to the superintendent or designee, Slidell ISD, P.O. Box 69 Slidell, TX 76267, email twilliams@slidellisd.net.

Requestor's Signature: _____ Date: _____