



**Bexar County Water Control &
Improvement District #10**

**8601 Midcrown Drive
Windcrest, Texas 78239
Phone: (210) 655-2888
Fax: (210) 654-3888**

PUBLIC RECORDS REQUEST FORM

Requestor's Name: _____ Telephone: _____
Please Print

Address: _____
(Please Print) House number & street City State Zip Code

I understand that:

1. My request is limited to the information in existence at the time and on the day my request is received.
2. The District has no duty to answer questions or create documents to respond to a request pursuant to the Texas Public Information Act, but if I ask a question, the District will make a diligent effort to determine whether there is information responsive to my question in its records and respond.
3. Certain information held by the District may be confidential as a matter of law, or may be excluded from public disclosure when applying various provisions of the Texas Public Information Act.*

Therefore, to assist in processing your request, please choose Option A or Option B below:

OPTION A - Initial: _____, ***I hereby agree to limit the scope of my request*** to only those documents/information contained in the District's records that the District believes is non-confidential and available to the public pursuant to the Texas Public Information Act or any other applicable law. I will accept documents/information with certain information redacted on this basis and consider my request completely fulfilled. I understand that if I am not satisfied with the information provided under this basis, that I can make a new request at any time which includes the redacted information and the District will seek an opinion of the Texas Attorney General regarding whether the redacted information sought in the new request can be excluded from public disclosure as explained in Option B.

OPTION B - Initial: _____, ***I do not agree to limit the scope of my request.*** I want all available documents regardless of whether the District considers the information to be confidential or subject to being excluded. I understand that the District has the duty to seek an opinion from the Texas Attorney General's Office, Open Records Division which will consist of the following:

- 1) A written request for an opinion from the Texas Attorney General by the District within ten (10) business days (excluding weekends & holidays recognized by the District) from the date that the District receives my initial request;
- 2) A written brief sent to the Attorney General's Office within fifteen (15) days from the date that the District received my initial request;
- 3) I might receive a request for clarification of my request if it is vague and ambiguous which will toll (postpone) the deadline for the District's request for an opinion from the Texas Attorney General's Office;
- 4) A waiting period of up to forty-five (45) days for the Attorney General's Office to render an opinion from the date they receive the written brief. I understand that until an opinion is rendered the District cannot fully respond to my request until a final decision is made by the Texas Attorney General's Office regarding my request. I understand that the Texas Attorney General may rule that the information can or cannot be released and I understand that the District may disagree with the opinion provided by the Texas Attorney General's Office. In such cases, the District may seek a decision from a Travis County District Court or higher court, before records are released.

This is a double sided request form; both sides must be completed (continued on the reverse side).

I understand that documents/information held by a Court, whether a Justice Court, City Court, or District Court are Judicial Records and are not subject to disclosure pursuant to the Texas Public Information Act. Any request for records made for judicial records will be handled pursuant to the Judicial Records Act and will not be considered a request pursuant to the Texas Public Information Act.

Description of Information Requested:

Requestor's Signature: _____ Date: _____

Written request attached: Yes No

Cost per page standard size up to 8.5: X 14	\$.10 / page
Non standard sizes	\$.55 / page
Flash / Thumb Drive	\$20.00 each
CD & DVD	\$1.00 each
Personnel Cost for more than 50 pages	\$18.00 / hour
Postage	Actual Cost
Accident Report	\$6.00
Other Cost	Actual Cost
Overhead charge (20% of Personnel Charges)	

For District Use Only

Request received by: _____ Date: _____

Notes/Comments:

Fees waived in Accordance with procedures: Yes No

District personnel time spent complying with this request _____ Initials: _____

Received by: _____ Date: _____

Total Charges: _____