

## **REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

221 East San Saba, P. O. Box 729 Menard, Texas 76859

Phone: 325-396-2404 Fax: 325-396-2143

Please use this form to request records from Menard Independent School District. Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the full amount of time allowed by law.

PLEASE PRINT ALL I	NFORMATION			
NAME:	PHONE:			
MAILING ADDRESS:				
CITY:	9	STATE:	ZIP:	
times and places. P	responding, be specific with your lease complete the form below the form the form below the form	w, incomplete request		_
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(CHECK ONE)		paper copies.	_	
**REQUIRED**	\ - / <u></u>	nly to view at the admin. of ease explain in detail belo		
	TO RE COM	PLETED BY Menard Inc	lependent School District	<b>–</b>
<u>-</u>	TO BE COM	ELLED DI MICHAI A III	esperiment sensor bistilet	
DATE RECEIVED:				
DATE DISCLOSED TO	REQUESTOR: (DATE/TIME/NAME)			
FEE DUE:\$	FEE PAID:\$	RELEASEC	BY:	