



GALVESTON COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT NO. 8

REQUEST FOR RELEASE OF PUBLIC RECORDS

All persons requesting copies of Public Records must complete the form below and have the request approved by the proper administrator before information is made available to that person. Employees of the district must also follow this procedure if the information requested is not within the realm of their jurisdiction.

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. Copies of requested information are available at a cost of \$0.10 per page payable in advance. I agree to pay the duplication costs if the cost does not exceed \$40. I understand that if the cost will exceed \$40, I will receive an estimate of charges and will have the opportunity to modify or withdraw my request before any copies are completed.

The person in charge of public information is responsible for its proper care and security. Allow ten (10) business days for completion of requested information.

REQUESTOR COMPLETES: Please

Date of Request _____

check the appropriate box:

Inspection only	OR	Copies requested	Copy format (paper or electronic)	Number of copies requested	Public information requested <i>(include description adequate to clarify request)</i>
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____	_____

Name of Person Requesting Information	Phone
Mailing Address	City
State / Zip	
E-mail Address (if requesting an electronic copy)	

Submit to the Human Resources Department by US Postal Service, fax or email.

Galveston County WCID#8
ATT: Office Administrator
P O Box 337, Santa Fe, TX 77510

Signature of Requester:

Fax# 409-925-8495 / gcowcid@comcast.net
