

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

Public Information Requests

Hitchcock Independent School District, as a local governmental entity, is subject to the requirements of the Texas Public Information Act. All requests must be submitted to the Public Information Officer in writing and must include:

- Your name
- Address
- Contact phone number
- Description of the information and/pr documentation being requested. Please be specific.

Requests may be submitted as follows:

By Mail

Send the written request to:

Linda Leuschen
Hitchcock ISD Public Information Officer
7801 Neville, Building B
Hitchcock, TX 77563

By Fax

Send the request to fax number (409) 986-5141, attention Linda Leuschen.

By E-mail

Send to lleuschen@hitchcockisd.org. Subject heading should read "Public Information Request" or "Open Records Request".

In Person

Turn in the written request to the Hitchcock ISD Administration Office, Attention: Linda Leuschen, 7801 Neville, Building B, Hitchcock, TX 77563. Business hours are Monday through Friday, 7:30 AM – 4:00 PM, during the regular school year. The Administration Office is closed on Fridays during the summer. Upon receipt of a request, the District has 10 business days to respond. If it cannot be produced within 10 business days, the public information officer will notify you in writing of the reasonable date and time when it will be available.

Cost of Records

According to the Texas Public Information Act, you must respond to any written estimate of charges within 10 days of the date the governmental body sent it or the request may be deemed withdrawn. If estimated costs exceed \$100 the governmental Body may require a bond, prepayment or deposit.

For more information, contact Linda Leuschen at 409-316-6545, ext. 1502.

Hitchcock Independent School District

REQUEST FOR RECORDS – PUBLIC INFORMATION

In accordance with GBA(LEGAL) and the Public Information Act, I hereby request that copies of the following records of the District be made available for my inspection or duplication. I agree to pay the duplication costs at the rate adopted by the Board 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 made.

Please check: Inspection Only Copy of Document Number of Copies _____

PUBLIC INFORMATION REQUEST (Include description adequate to clarify request). _____

Name of Person Requesting Information: _____
(printed name)

(signature of person requesting information)

Address: _____

Daytime phone number: _____

This completed form should be presented to the Superintendent or designee.

(Office Use Only)

Date of Request: _____

Date Request Received: _____ Received by: _____

**Hitchcock Independent School District
RESPONSE TO PUBLIC INFORMATION REQUEST**

TO: Requestor

Date: _____

FROM: Superintendent

Your request for information to the Texas Public Information Act has been received and will be processed as indicated below:

- Copies of the information are attached.
- Attached is a statement of charges. Upon receipt of payment, the request will be processed.
- Attached is a statement of an estimate of charges. Please send a check, cashier's check or money order made payable to Hitchcock ISD for this amount before reproduction of the information will take place. Your request is considered withdrawn if you do not respond in writing to the attached itemized statement within 10 days that you either: (1) accept the charges, (2) are modifying your request in response to the itemized statement, or (3) are filing a complaint with the Texas Building and Procurement Commission alleging that you have been overcharged for being provided with a copy of the public information.
- Copies of the information will be mailed to you.
- Copies of the information requested may be picked up at my office between 7:30 AM and 4:00 PM, Monday through Friday.
- The information you requested to be made available for inspection is ready and may be inspected at the Administration Office between 7:30 AM and 4:00 PM, Monday through Friday.
- The information you requested is not available at this time but will be available on _____
- The District believes the information you requested falls within an exception to disclosure under the Public Information Act and the District will request a decision from the Attorney General. You will be provided a copy of the request for a decision from the Attorney General.

If you have any questions about this correspondence, please contact Linda Leuschen, Superintendent's Secretary, at 409-316-6545 ext. 1502.

**Hitchcock Independent School District
ESTIMATE OF CHARGES**

Date: _____

To: _____ (requestor's name)

FROM: _____ (employee handling the request)

The estimated charges for the copies you requested are as follows:

ESTIMATE OF CHARGES

Medium Requested	Quantity	Price	Charge
Copies/Printout		@ \$.10 cents/page	
Compact Disc		@ \$ 1.00 ea.	
Diskette		@ \$ 1.00 ea.	
Mailing Labels		@ \$.06 cents/page	
Video Tape		@ \$ 2.50 ea.	
Audio Tape		@ \$ 1.00 ea.	
Mailing Fee		@ U.S. Postal Rates apply	
Inspection only			
Personnel Charges			
Programming Personnel		@ \$28.50 per hour	
Other Personnel (charge starts after first 50 pages unless information is retrieved from a remote location)		@ \$15.00 per hour	
Computer Time		@ \$1.50 per minute	
Overhead charge		@ 20% of personnel charges	
		TOTAL CHARGES	

This request will be considered withdrawn if you do not respond in writing within ten (10) days after the date this statement is sent that you either (1) accept the charges, (2) are modifying your request in response to this itemized statement, or (3) are filing a complaint with the Texas Building and Procurement Commission alleging that you have been overcharged for being provided with a copy of the public information.

- I accept the charges as estimated above. My request remains as originally written.
- I wish to modify my request in the follow ways: _____
- I am filing a complaint with the Texas Building and Procurement Commission that I have been overcharged for being provided with a copy of the public information.

Signature of Requestor

Date

**Hitchcock Independent School District
STATEMENT OF CHARGES**

Staff member handling request: _____

Office: _____

Person requesting records: _____

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		TOTAL CHARGES	

(Office Use Only)

Date payment received: _____

Date information furnished: _____

Payment received by: _____

This form will be presented to the Superintendent or designee for payment by the requestor. Upon receipt of payment, copies of records requested will be furnished.

*Actual labor costs include the cost of locating and preparing the information and are computed by multiplying the amount of time actually spent in these activities times \$15 per hour.

