## Open Records Request Form

Date:
Requestor's Name:
Address:
City, State, Zip Code:
Email Address:
Dear Custodian of Records for the Ables Springs Special Utility District,
Under the Texas Public Information Act, Tex. Gov't Code §552.001 et seq., I am requesting an opportunity to inspect or obtain copies of following public records:
If there are any fees for searching or copying these records, please inform me if the cost will exceed \$ However, I would also like to request a waiver of all fees in that the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding.
If you identify yourself as a representative of the news media and/or your request is related to news gathering purposes or for commercial purposes, please use this space to identify the purpose of this request.

The Texas Public Information Act requires that you "promptly produce" the requested records unless, within 10 days, you have sought an Attorney General's Opinion. If you expect a significant delay in responding to this request, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

In accordance with the Texas Public Information Act, I am requesting the following information from the Ables Springs Special Utility District. I understand that the Public Information Act only requires the District to provide documents that are already in existence when a request for information is submitted. I understand that the District is not required to create new information, answer questions, or perform legal

research, and that the District does not comply with a continuing request to supply information on a periodic basis as such information is collected or prepared in the future.

When submitting a request for information, I agree to include enough description and detail about the requested information to enable the District to accurately identify, locate the requested information, and, if needed, provide an itemized cost estimate. I agree to cooperate with the District's reasonable efforts to clarify the type, scope or amount of information requested. I understand that if I do not timely respond to any written request for clarification or additional information, the request is considered automatically withdrawn.

I understand that I may either inspect the requested information, receive paper copies of the information or receive the requested information in electronic format. I understand that the District will notify me if it is unable to provide the requested information in the preferred format or if, due to the amount of information sought, the District is unable to produce the requested information within 10 business days.

I understand that the requested information may include information that is confidential by law or that is exempt from required disclosure. I understand that the Ables Springs Special Utility District has a duty to protect information that is confidential by law and, in most circumstances, must submit the information I have requested to the Office of the Attorney General for review and a determination about whether the information may be withheld. If the District submits the requested information to the Office of the Attorney General for review, I will receive a copy of the request from the Ables Springs Special Utility District asking the Office of the Attorney General for a determination about whether the information may be withheld. It is my choice to authorize the District to withhold information that is confidential by law without the necessity of sending a request to the Office of the Attorney General.

Requestor's Signature	Date	
Received By (the District Representative)	Date	