

Center Point Independent School District
Request for Information

Requestor of Information: _____
Business Name (If applicable): _____
Street: _____
City: _____
State: _____
Zip: _____
Phone Number: _____
Fax: _____
E-mail address: _____

Requested information (Please be as Specific as possible)
 Home phone numbers and Social Security Numbers WILL NOT BE PROVIDED.
 Information will be released when payment is received by the District.

Requested Media: _____

Please submit this request to:

Center Point Independent School District
 Office of the Superintendent

Cost /Fee	
Hours needed to prepare	_____
Hourly rate for employee	_____
Media Materials	_____
Total	_____
Signature Agreeing to Pay:	_____

FOR CPISD USE ONLY:	INITIAL	DATES
Superintendent		Date of Approval:
Appropriate Department		Date of Approval:
Information Prepared By:		Date:
Information Accepted By:		Date Accepted: