Blanco County South Library District

James A. and Evelyn Williams Memorial Library
1118 Main Street

Blanco, Texas 78606 TELEPHONE (830) 833-4280

FAX (830) 833-2680



OPEN RECORDS - PUBLIC INFORMATION REQUEST FORM

Requestor Contact Information

First Name:	Name: Last Name:		
Company/Organizat	ion:		
Mailing Address:			
City:	State:	Zip Code:	Phone Number:
E-mail Address:	Diuic.	Zip Couc.	Thone Tumber.
E-man Address.			
Information Requested (Please be as specific as possible and attached additional sheets as necessary.)			
☐ I request paper co	pies (see note cally inspect	ent to the above ema e about associated exp the documents in pe	
may be found in Chapter: Texas Administrative Coo	552, Texas Gov le. If the cost o d to the writter	vernment Code. A list of f responding to your requestimate charges within	access to public information. Authority for these charges possible charges are found in Title 1, Chapter 70 of the uest exceeds \$40, we will provide you a written estimate of 10 days or your request will be considered withdrawn. If re prepayment.
Affirm the Followin	o· I consent t	o have certain ident	fying information protected under Common Law
such as, but not limite phone numbers, home	ed to, social seed to, social seed to, social seed to the seed to	security numbers, dr bers, and dates of bi ast 45 business days	iver's license numbers, home addresses, personal rth redacted. Withholding consent may delay while the Library seeks an Attorney General's \square No
Requester Signature			Date
OFFICE USE ONLY:			
Request #		Date Received:	Method of Receipt:
Action Taken:		Fees:	Method of Payment:
Library Director Signa	ture:		Requester Confirmed Receipt: