



**MARBLE FALLS
INDEPENDENT
SCHOOL DISTRICT**

Texas Public Information Act Request Form

Please submit this request form to Julie Shaffer via any one of the following:

Email: jshaffer@mfisd.txed.net

Fax: 830-798-3606

Mail:

1800 Colt Circle

Marble Falls, TX 78654

Name of Requestor: _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Requester's Contact Information: _____

Pick Up Mail Fax Email (If File Permits)

I request the following documents from the Marble Falls Independent School District under the Texas Public Information Act, Texas Government Code, Chapter 552. (Please be as specific as possible)

Signature

Date

Office Use:

Date Received by MFISD _____

MFISD Record # _____

Received by: _____