



Public Information Request Form

Requestor Full Name: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Cell Number: _____

Fax Number: _____

Email Address: _____

Detailed Description of Your Request: _____

★ **NOTE:** Certain exceptions to disclosure exist under the Texas Open Records Act to Protect against the disclosure of confidential privileged information. If it appears that an exception to disclosure exists, an opinion will be sought from the Office of the Attorney General regarding your request.

You may submit the form by mail, fax or in person:

Attn: Public Information Request
Sonora I.S.D.
Sonora Administration Office
807 S. Concho
Sonora, TX 76950
Tel: (325)-387-6940
Fax: (325)-387-5090