

WORKFORCE SOLUTIONS MIDDLE RIO GRANDE

PO Box 760 ~ 216 W Main ~ Uvalde ~ Texas ~ 78802 ~ 830-591-0141 ~ 830-591-0004 fax

A proud partner of the American Job Center network

WSMRG Open Records Request

Board of Directors Executive			
Committee	Request for Records: In accordance with the Texas Public Information Act, I hereby request that		
Christoper Hiller Chairperson Private Sector	copies of the following record of the Workforce Solutions Middle Rio Grande ("WSMRG") be made available for my inspection or duplication. I agree to pay the duplication costs at the rate adopted by WSMRG if the cost does not exceed \$40.00. I understand that if the cost will exceed \$40.00, I will receive an estimate of charges and will have the opportunity to modify or withdraw my		
Laura Lopez Vice Chairperson Private Sector			
Jesus Martinez, Jr. Secretary Private Sector	request before any copies are made.		
Myrta Garcia Treasurer	*Select One*		
<i>CBO</i> Rodrigo Jaime			
Parliamentarian Private Sector	I DO NOT AGREE to pay full charges and would like to modify/withdraw the request.		
Rosie Lozano Interim Executive Director	Documents/Records Requested: *If you require more space, please use blank page		
	Select One		
	Inspection OnlyCopies Requested		
	Copy charges are as follows: Standard paper copy: 10¢ per page or part of a page 15¢ legal size paper CD \$2.00 Personnel costs incurred in processing a request: \$15.00 an hour Programmer costs incurred in executing/creating a program: \$28.50 an hour Overhead fee: 20% of personnel cost for copies of 50 pages or more		
	Remit Payment to: Workforce Solutions Middle Rio Grande		

216 W. Main St. STE A

Uvalde TX 78801

You may pay in person at our Board Office or send a check to the address listed above.

Please Note:

If a request is for 50 or fewer pages of paper records, the charge for providing the copies may not include costs of materials, labor, or overhead, but shall be limited to the photocopying costs, unless the pages are located in a separate building.

Information:	
First Name of Person Requesting Information	1
Last Name of Person Requesting Information	I
Phone Number	_
Email	
Date Requested	_
Address	
City	
State	
Zip Code	