



Millsap ISD Open Records Request Form

Full Name of Requestor: _____

Street Address: _____

City / State / Zip: _____

Telephone Number: _____

Email Address: _____

Date Submitted: _____ Date Received: (MISD Only) _____

Received by (MISD Only): _____

Description of your request (Please attach separate pages if necessary):

I prefer to receive documents for this request by:

Email Fax (Fax # _____) U.S. Mail View in person Pick up in person

Please submit by mail, fax, email, or in person to:

Connie Wiese

Millsap ISD

201 E. Brazos St.

Millsap, TX 76066

openrecordsrequest@millsapisd.net

Fax: (940) 682-4476