



**Bexar County Emergency Services District 5 (ESD5)**

7120 E. 6th Street  
Somerset, TX 78069  
Admin@bcesd5.com  
Telephone: (830) 429-7119

**Name:** \_\_\_\_\_

**Business, if applicable:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Bexar County ESD 5**  
**7120 E. 6th Street**  
**Somerset, TX 78069**  
**(830) 429-7119**

Under the **Texas Public Information Act, §6252-17a et seq.**, I am requesting a copy of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I may be charged .10 per sheet of copy plus applicable office labor charges as outlined by the Act.

The Texas Public Information Act requires that you "promptly produce" the requested records unless, within 10 days, you have sought an Attorney General's Opinion. If you expect a significant delay in responding to this request, please contact me with information about when I might expect copies of the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

\_\_\_\_\_  
Signature of Requestor