



Edwards Central Appraisal District

P.O. Box 858 Rocksprings, Texas 78880

Ph.: 830-683-4189 Fax: 830-683-4193

Email: ecad@swtexas.net

Open Records Request

Date: _____

Name of person or business: _____ Phone Number: _____

Mailing Address (if shipping): _____

Information Requested:

Media Type	Unit Price
CD-RW	\$40.00/disk
Email Attachment	\$15.00/attachment
8.5 x 11 Paper	\$.10/page
8.5 x 14 Paper	\$.15/page
11 x 17 Paper	\$.20/page
GIS Map Disk	\$40.00/disk
GIS Map Printed 42x36 in.	\$40.00/ print
Audio Media	\$40.00/disk

Media Type Requested: _____ Number of Copies: _____

Signature: _____

***This request is made under Property Tax Code, Section 41.461. Up to (10) business days are allowed once payment is received.**

-----For office use only-----

Postage amount: _____ Total: _____ Payment Type: Cash ___ Check ___

Payment received date: _____ Processed by: _____ Completion Date: _____

BOARD OF DIRECTORS

Homer Jimenez

Eddie Rudasill

Mark Bean

Lee Sweeten

Brady Hyde

Sam Epperson