



## OPEN RECORDS REQUEST

<b>REQUESTER NAME:</b>	<b>TELEPHONE:</b>	<b>E-MAIL</b>		
<b>MAILING ADDRESS:</b>		<b>CITY:</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>DESCRIPTION OF PUBLIC RECORDS BEING REQUESTED:</b>				

- I REQUEST TO VIEW THE RECORDS AT CITY HALL
- I REQUEST PAPER COPIES OF THE RECORDS BE MAILED TO THE ADDRESS ABOVE
- I REQUEST TO PICK UP COPIES AT CITY HALL
- I REQUEST RECORDS BE EMAILED TO ADDRESS ABOVE (IF AVAILABLE)

<b><u>THE REQUESTER IS LIABLE FOR THE FOLLOWING CHARGES:</u></b>		
8½” x 11” Copy - \$0.10/page	11” x 17” Copy - \$0.50/page	Other Paper Size – at copy cost
CD (if digital files are available) - \$1.00	DVD (if digital files are available) - \$3.00	
<p>A 50% deposit will be required if the estimated expenses exceed \$100. Requester shall be liable for any postage and/or shipping charges. The City’s actual labor costs of providing information may include costs of locating and preparing copies (maximum hourly salary charge of \$15/hour plus 20% employer’s overhead costs). The City may request an opinion from the Texas Attorney General’s Office as to whether the requested records are exceptions to disclosure pursuant to the Open Records Act or other applicable law. Payment is due prior to release of records.</p>		

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Requester Signature

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Date

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**(FOR CITY USE ONLY)**

<b>DATE OF RECEIPT:</b>	<b>TIME OF RECEIPT:</b>	<b>STAFF MEMBER NAME</b>		<b>DEPARTMENT</b>
<b>FORM OF COPY:</b>	<b># COPIES:</b>	<b>FEE PAID:</b>	<b>DATE OF RELEASE:</b>	<b>STAFF MEMBER NAME</b>
<b>STAFF COMMENTS/ACTION:</b>				