



Public Information Request

Date of Submission of Request: _____

Please Print:

Name

Address

Apt. No.

City

State

Zip Code

Area Code and Telephone Number

E-mail Address [Optional]

Area Code and Fax Number [Optional]

IMPORTANT: The above information is required and an open records request cannot be completed without it.

I wish to receive the documents: (check one and be sure you have supplied the necessary telephone numbers and/or e-mail address)

By mail

By Fax

By E-mail

I will pick up the documents

Note: The Texas Public Information Act does not require a governmental body to create new information, to do legal research, or to answer questions. The request must ask for records or information already in existence. The governmental body has 10 business days within which to respond to the request. The governmental body may collect the fee prescribed by law or regulation for the requested documents. If a fee is not prescribed by law or regulation, the fee shall be the actual cost of duplicating the record. **Current Charges: Standard paper copy -- 10¢ per page; CD -- \$1.00 each; VHS cassette -- \$2.50 each; Audio cassette -- \$1.00 each; DVD -- \$3.00 each ---- Depending on the request, additional charges may apply.**

Please list the records you are requesting with specific dates. Be as specific as possible. Please include beginning and ending dates for the requested information.

