

CITY OF FRITCH INFORMATION/RECORDS REQUEST FORM

TO: CUSTODIAN OF RECORDS FOR CITY OF FRITCH

FROM: Name: _____

Address: _____

Telephone No. _____ (Optional) Email _____

Pursuant to Texas Government Code, Ch. 551, I am requesting certain information, specifically:

CHECK ONE BOX

<input type="checkbox"/>	MADE AVAILABLE FOR REVIEW ONLY. The custodian will schedule an appointment within a reasonable time for me to see the information. I understand that I must complete my examination within ten days after the date the records are made available to me. No purses, brief cases, backpacks or similar allowed in the document review room.
<input type="checkbox"/>	COPIES OR DUPLICATED made for me (See back for fees).

CHECK ONE BOX

<input type="checkbox"/>	MAILED to me at the address indicated above. (See back for fees.)
<input type="checkbox"/>	FAXED to me at _____. (See back for fees.)
<input type="checkbox"/>	PICKED UP by me or my representative when you advise the information is ready.

I agree to pay the costs of photocopying, duplication, the labor costs involved in retrieving information that is not readily available or in need of redacting, and the cost of mailing or faxing. In the event the estimated cost to satisfy my request exceeds: (a) \$40.00, then I will receive a detailed statement and the opportunity to narrow my request and if I fail or refuse to narrow my request within 10 business days, then my request is deemed withdrawn; (b) \$100 (or I owe over \$100 in unpaid fees for prior requests), then I understand a 50% deposit will be required prior to retrieval of the information I am currently seeking.

I understand that by law, the City may withhold information which is not considered public information under the Texas Public Information Act, as interpreted by the Texas Attorney General and the courts. If it is uncertain whether information is public or not, the City will request an opinion from the Attorney General. I will get a copy of the City's letter to the A.G. concerning my request.

I understand that the City is required to release only public information which currently exists and is

in its possession and, in its current state. The City is not required to compile or create information or formats just for my use. I understand the City will make the information available as promptly as it reasonably can, within 10 business days. However, archived records, voluminous requests, and documents requiring redaction of non-public information may require a longer time for processing.

Signature Required _____ Date: _____

THIS SIDE TO BE COMPLETED BY CITY PERSONNEL ONLY:

(1) Date City Received:	(2) Date City Responded:
(3) Date Picked Up, if applicable:	(4) Payment info:

CHARGES PER ITEM	NUMBER	TOTAL
Standard-size: (up to 8½ x 14)		
Paper Copies (50 pages or less)	_____ @ \$.10/page	\$ _____
Paper Copies (51 pages or more)	_____ @ \$.15/page	_____
Police Motor Vehicle Accident Report	_____ @ \$6.00/each	_____
Certification of copy	_____ @ \$2.00	_____
Nonstandard-size:		
Diskette	_____ @ \$1.00/ea.	\$ _____
Magnetic Tape	_____ @ \$10.00/ea.	\$ _____
Audio Cassette	_____ @ \$1.00/ea.	\$ _____
Paper (larger than 8½ x 14)	_____ @ \$0.50/ea.	\$ _____
Other		_____
	Actual Cost	\$ _____
Labor charge: (For information not readily available or requires more than 50 pages of redacting)	Employee's hourly rate or max of \$15.00/hr. _____ hrs @ \$_____/hr.	\$ _____
Computer Resource Charges:		
Mainframe	_____ @ \$10.00/min.	\$ _____
PC or LAN	_____ @ \$1.00/hr	\$ _____
Programming Time	_____ @ \$28.50/hr	\$ _____
Postage/Shipping Charges	Actual Cost	\$ _____
FAX Charges:		
Local	_____ @ \$0.10/page	\$ _____
Long distance, same area code	_____ @ \$0.50/page	\$ _____
Long distance, different area code	_____ @ \$1.00/page	\$ _____
TOTAL CHARGES: (No Sales Tax)		\$ _____

Additional Information:

(rev'd 1/18)