

Date: _____
(Department Use Only)

Reference # _____
(Department Use Only)

Town of Horizon City

Information / Records Request Form

TO: CUSTODIAN OF RECORDS FOR THE TOWN OF HORIZON CITY, TEXAS

FROM: Name: _____ ID/DL #: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No. (Home): _____ (Work): _____ (Mobile): _____

Pursuant to Texas Government Code, Ch. 552, I am requesting certain information, specifically:

CHECK ONE BOX

<input type="checkbox"/>	MADE AVAILABLE TO ME FOR EXAMINATION ONLY. The custodian may schedule an appointment within a reasonable time for my examination of the information. I understand that I must complete my examination within ten days after the date the records are made available to me.
<input type="checkbox"/>	COPIED OR DUPLICATED for me (See back for charges).

CHECK ONE BOX

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

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to narrow my request and if I fail or refuse to narrow my request within 10 business days, then my request is deemed withdrawn; (b) \$100 or if I owe over \$100 in unpaid fees for prior requests, then I understand a deposit may be required prior to retrieval of the information I currently seek.

I understand that the Town of Horizon City may withhold information, which is not considered public information under the Texas Public Information Act, as interpreted by the Texas Attorney General or the courts. If it is uncertain whether the 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. requesting an opinion about my request.

I understand that the City is required to release only information, which currently exists, that is in its possession, and in its current state. The City is not required to compile or create specific information or formats for my use. I understand the City will make the information available as soon as reasonably possible, normally no more than 10 business days. Archived records, voluminous requests, and documents requiring redaction of non-public information may require a longer time for processing. I will receive notice of the need for an extension and an approximate time when the documents will be available.

Signature Required: _____ Date: _____

Date: _____
(Department Use Only)

Reference # _____
(Department Use Only)

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: Paper Copies (up to 8½ x 14)	_____ @ \$.10/page	\$ _____
Motor Vehicle Accident Report	_____ @ \$6.00/each	\$ _____
Nonstandard-size: Diskette	_____ @ \$1.00/ea.	\$ _____
Rewritable CD (CD-RW)	_____ @ \$1.00/ea.	\$ _____
Non-rewritable CD (CD-R)	_____ @ \$1.00/ea.	\$ _____
Digital video disc (DVD)	_____ @ \$3.00/ea.	\$ _____
Other electronic media (Actual Cost)	_____ @ \$____/ea.	\$ _____
Oversize Paper (larger than 8½ x 14)	_____ @ \$0.50/page	\$ _____
Specialty Paper (Actual Cost)	_____ @ \$____/page	\$ _____
Photographs (Actual Cost)	_____ @ \$____/ea.	\$ _____
Other Charges: _____	_____ @ \$ _____	\$ _____
Labor charge: For Programming	_____ @ \$28.50/hr.	\$ _____
For locating, compiling, reproducing & redacting (More than 50 pages)	_____ @ \$15.00/hr.	\$ _____
Overhead Charge – 20% of Labor Charge.	_____ @ 20%	\$ _____
Computer Resource Charges: Mainframe	_____ @ \$10.00/min.	\$ _____
PC or LAN	_____ @ \$1.00/hr	\$ _____
Miscellaneous Supplies & Charges: 1) _____	_____ @ \$ _____	\$ _____
2) _____	_____ @ \$ _____	\$ _____
3) _____	_____ @ \$ _____	\$ _____
Postage/Shipping Charges:	Actual Cost	\$ _____
TOTAL CHARGES: (No Sales Tax)		\$ _____

Additional Information: