REQUEST FOR RECORDS OF THE CITY OF DEVINE, TEXAS

Under the provisions of the TEXAS OPEN RECORDS ACT, Chapter 552, Government Code, (Check One):

___ I request that I be furnished copies of the City of Devine, (City) records listed below. I understand that there will be a charge for this service. I further understand that the requestor must prepay the charge before the record is released. All charges are non-refundable.

___ I request to see the following City of Devine, (City) records. I understand there may be a nonrefundable research charge for locating these records. I further understand that the requestor must prepay the charge before the documents are made available for inspection. I further understand that I am NOT allowed to remove, alter, tamper with, or deface any of the material produced by City for my inspection.

(Please Print) Description of Records Requested: (give sufficient detail to identify accurately):

(Attach additional sheets if necessary to describe requested records.)

Name of Requestor: Requestor's Mailing Address: Requestor's Telephone No:

Date Submitted: Requestor's Signature:

FOR CITY USE ONLY

Name of City Representative: Date: Amount Collected:

_____$_____

COST FOR RESEARCH AND/OR REPRODUCTION

ESTIMATED COST BASED ON REPRODUCTION AND/OR RESEARCH TIME $_____

FEES: Printed Materials requiring production: Standard Size Paper Copy $0.10ea $_____

Non-standard copy: Diskettes: $ 1.00 ea. $_____

Audio Cassette: $ 1.60 ea. $_____

_____ Other charges: $_____

Actual Cost: $_____

Personnel charge: No. of hrs:___x $15.00= $_____

Overhead Cost: 20% of personnel charge = $_____

Total Cost: $_____

_____ _____

City Representative Preparing Request Date

_____ _____

City Supervisor Authorizing or Denying Release of Information Date