

**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 \$0.25ea \$ \_\_\_\_\_  
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