

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

**City of Woodcreek
41 Champions Circle
Woodcreek, TX 78676
Phone: 512-847-9390 Fax: 612-847-6661**

Please use this form to request records from the City of Woodcreek. Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the full amount of time allowed by law.

PLEASE PRINT ALL INFORMATION

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

To avoid delays in responding, be specific with your request and include names, addresses, inclusive of dates, times and places. Please complete the form below, incomplete requests cannot be filled properly.

DETAILED DESCRIPTION OF REQUESTED RECORD(s):

- (CHECK ONE) (a) _____ I request paper copies
REQUIRED (b) _____ I request only to view at City Hall
 (c) _____ Other (Please explain in detail below)

SIGNATURE OF REQUESTOR

TO BE COMPLETED BY THE CITY

DATE RECEIVED: _____

DATE DISCLOSED TO REQUESTOR:

DATE _____ TIME _____ NAME _____

FEE DUE: \$ _____ FEE PAID: \$ _____ RELEASED BY: _____

***If records are located at the remote storage facility any requests for copies of the records will include the charge incurred by the City to retrieve and/or return records to the remote storage facility in the amount of \$35.00.**

COST FOR RESEARCH AND/OR REPRODUCTION

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

FEES:

Printed Materials requiring reproduction: _____ sheets Standard Size Paper Copy @ \$ 0.10 ea. _____
Non-standard copy: Certified Copies \$ 1.00 ea. _____
Faxes \$ 0.25 pg. _____

Other: _____

Personnel Charge: # of Hours _____ x \$ _____ = \$ _____

Overhead Cost: 20% of Personnel Charge = \$ _____

TOTAL COST \$ _____

City Representative Preparing Request:

_____ Date: _____

City Supervisor Authorizing or Denying Release of Information:

_____ Date _____