

## REQUEST FOR PUBLIC INFORMATION FORM

I understand charges may be assessed for duplication or access to records and the City of Colleyville may require prepayment prior to preparation of the requested copies of such records. Fee schedule: \$0.10 per 8 ½ x 11/14 page; \$0.50 per 11x17 page; \$3.00

per plat page; \$1.00 per compact disc; other charges are calculated according to the Texas State Library and Archives Commission fee schedule. Complete this form and either email to <a href="mailto:ashelley@colleyville.com">ashelley@colleyville.com</a>; fax to 817.503.1139; or mail to Office of the City Secretary, 100 Main Street, Colleyville, Texas 76034.

Date of Request:	Telephone:	
☐ Mr. ☐ Ms. ☐ Mrs. Name:		
Address: (Please include Box and Suite Numbers):		
City:	State:	Zip Code:
Email Address:  In compliance with the Public Information Act, provide the records described below. To avoid a Document name(s). You may attach additional p	contained in Chapter 552 of the Tex ny delay, please be specific regarding	· ·
CHECK ALL THAT APPLY:  ☐ I request documents be emailed. ☐ I request a CD ☐ I	request to view documents request an estimated cost for this rec	
SIGNATURE:		
DO NOT TYPE BELOW THIS LINE: TO BE	COMPLETED BY THE OFFICE OF	THE CITY SECRETARY
Department Request sent to:	Date due to	CSO:
DISPOSITION:  ☐ Documents Attached ☐ Documents provided ☐ Sent to City Attorney on ☐ Response consists of over 50 pages/or is in off-site storage.	Requesting Attorr	ist ☐ Need clarification ney General Opinion
Department:	estimated number of copies: es	stimated hours of research:
Comments:		
Number of Copies: Amount Due:	Date documents mailed/e-mailed	l to requestor:
Date notified information available for pick up:		