



REQUEST FOR PUBLIC INFORMATION FORM

I understand charges may be assessed for the fulfillment of this open records request, and the City of Colleyville may require prepayment prior to preparation of the request. **Complete this form and either email to**

CSOffice@colleyville.com; 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, contained in Chapter 552 of the Texas Government Code, please provide the records described below. To avoid any delay, please be specific regarding Date(s), Time Period(s) and Document name(s). You may attach additional pages, if necessary, for your request:

CHECK ALL THAT APPLY:

- I request documents be emailed I request to view documents I request paper copies.
- I request a CD I request an estimated cost for this request.

SIGNATURE: _____

The City will charge fees for public information per Texas Government Code, Chapter 552, in accordance with the Administrative Code, Title I, Part 3, Chapter 70.

Common items requested and fees assessed:

Requests to email items are free = \$0.00	Compact disc (CD) = \$1.00
Document certification (per transaction) = \$8.00	Digital video disc (DVD) = \$3.00
8 1/2 x 11/14 (b&w) page = \$0.10	8 1/2 x 11/14 map (color) = \$10.00
11 x 17 (b&w) page = \$0.50	11 x 17 map (color) = \$15.00
24 x 36 plat page (b&w) = \$3.00	24 x 36 map (color) = \$30.00
60 x 50 map (b&w) = \$100.00 (3 rd party printer)	60 x 50 map (color) = \$115.00 (3 rd party printer)