



PUBLIC INFORMATION REQUEST 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 1/2 x 11/14 page; \$0.50 per 11x17 page; \$3.00 per plat page; \$1.00 per audio cassette; \$1.00 per video cassette; other charges are calculated accordingly. **Complete this form and fax to 817.503.1139; mail to Office of the City Secretary 100 Main Street, Colleyville, Texas 76034 or e-mail to csingleton@colleyville.com Please print clearly.**

DATE OF REQUEST:

TELEPHONE:

NAME: (Please choose Mr. or Ms.):

ADDRESS: (Please include Box and Suite Numbers):

CITY:

STATE:

ZIP CODE:

E-MAIL ADDRESS:

PLEASE LIST ALL DOCUMENTS (BE SPECIFIC REGARDING DATE(S), TIME PERIOD(S) AND NAME(S)).

CHECK ONE: (check all that apply)

- I request to view the documents at City Hall.
- I request a VHS/Cassette/CD.
- I request to be notified of the estimated cost for this request.
- I request paper copies.
- I request 8.5x11 documents emailed.

SIGNATURE: _____

DO NOT TYPE BELOW THIS LINE: TO BE COMPLETED BY THE OFFICE OF THE CITY SECRETARY

Department Request sent to:

Date due to Records Coordinator:

DISPOSITION:

- Documents Attached
- Sent to City Attorney on
- Need Clarification
- Response consists of over fifty pages/or is in off-site storage: response requires the following:

Department	estimated number of copies	estimated hours of research
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- No Documents Exist
- Requesting Attorney General Opinion

Comments:

Number of Copies:

Amount Due:

Date Documents mailed/e-mailed to requestor:

Date notified information available for pick up:

Date Request considered withdrawn due to the requestor not picking up documents: