



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 1/2 x 11/14 page; \$0.50 per 11x17 page; \$3.00 per plat page; \$1.00 per audio cassette, video cassette and/or compact disc; other charges are calculated accordingly. **Complete this form and e-mail to csingleton@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: _____

PLEASE LIST ALL DOCUMENTS REQUESTED - Be Specific Regarding Date(s), Time Period(s) and Name(s).

CHECK ALL THAT APPLY:

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

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 electronically
- No documents exist
- Need clarification
- Sent to City Attorney on _____
- Requesting Attorney General Opinion
- Response consists of over 50 pages/or is in off-site storage: response requires the following:

Department: _____ estimated number of copies: _____ estimated hours of research: _____

Comments: _____

Number of Copies: _____ Amount Due: _____ Date documents mailed/e-mailed to requestor: _____

Date notified information available for pick up: _____

Date request will be considered withdrawn if requestor does not respond or pick up information: _____