**CITY OF HAWLEY**

**P.O. box 649 Hawley, Texas 79525**

**325-537-9528**

**fax: 325-537-9735**

**OPEN RECORDS REQUEST**

**PLEASE PRINT ALL INFORMATION**

**Every effort is made to expedite all requests for disclosure of public records. The city will respond to your request promptly, however, due to personnel demands, schedules, and type of information requested the disclosure of records may take longer as allowed by law.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF REQUESTED RECORD (be as specific as possible type, dates, etc.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Request Signature of Applicant**

**Total Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (calculated on 3rd page)**

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| **To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **The information requested is pertinent to your department. This information is to be returned to the PIO (City Secretary) by\_\_\_\_\_\_\_\_\_\_ for disclosure to the requestor, along with this original request.**  **NOTE: Should there be a reason this information cannot be returned in the time requested, please so note below and return this form to the PIO (City Secretary)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Department Director Required Date** | **Date/Time Faxed/Delivered to Department**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date/Time Returned to Department:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **REVIEWED BY PUBLIC INFORMATION OFFICER ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **APPROVED FOR DISCLOSURE: \_\_\_\_\_ YES \_\_\_\_\_ NO (STATE REASON)**  **REASON FOR NON-APPROVAL:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SIGNATURE OF PIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_** | **DATE RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TIME RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **REQUIRES REVIEW FROM THE CITY ATTORNEY:\_\_\_\_\_ YES \_\_\_\_\_ NO**    **CITY ATTORNEY APPROVED FOR DISCLOSURE: \_\_\_\_\_YES \_\_\_\_\_ NO**  **REASON FOR NON-APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE OF APPROVAL BY THE CITY ATTORNEY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SIGNATURE OF THE CITY ATTORNEY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE/TIME FAXED TO THE CITY ATTORNEY:**  **DATE/TIME RETURNED FROM THE CITY ATTORNEY:** |

|  |  |
| --- | --- |
| **REQUIRES RULING BY THE ATTORNEY GENERAL: \_\_\_\_ YES \_\_\_\_ NO**  **ATTORNEY GENERAL APPROVED FOR DISCLOSURE: \_\_\_\_ YES \_\_\_\_NO**  **DATE OF APPROVAL FOR DISCLOSURE BY THE ATTORNEY GENERAL:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE MAILED TO THE ATTORNEY GENERAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE RETURNED FROM ATTORNEY GENERAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CITY OF HAWLEY**

**PUBLIC INFORMATION CHARGES**

**STANDARD SIZE COPY BY COPIER OR CUMPUTER PRINTER: TOTAL**

1. **50 pages or less of readily available information……….. \_\_\_\_\_\_\_ $0.10 per page \_\_\_\_\_\_\_\_\_**
2. **in excess of 50 pages of readily available information.. \_\_\_\_\_\_\_ $0.85 first page \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_ $+.15 ea. addit. \_\_\_\_\_\_\_\_\_**

1. **non-readily available information……………………………… \_\_\_\_\_\_\_ $0.70 first page \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_ $+.15 ea. addit. \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_ + personnel costs \_\_\_\_\_\_\_\_\_**

**NON-STANDARD-SIZE COPY:**

1. **Diskettes……………………………………………………………………. \_\_\_\_\_\_\_ $1.00 \_\_\_\_\_\_\_\_\_**
2. **Diskettes from Audio Cassette……………………………………. \_\_\_\_\_\_\_ $5.00 \_\_\_\_\_\_\_\_\_**
3. **Computer Resource Charge………………………………………… \_\_\_\_\_\_\_ $1.00/hr. \_\_\_\_\_\_\_\_\_**
4. **Oversized Paper Copy………………………………………………… \_\_\_\_\_\_\_ $1.00 per page \_\_\_\_\_\_\_\_\_**

**PERSONNEL CHARGES:**

**Personnel Charges…………………………………………………………………. \_\_\_\_\_\_\_\_ $12.00/hrly. \_\_\_\_\_\_\_\_\_**

**Not charged for 50 pages or less of readily available information**

**this does not apply to attorney’s fees billed separately**

**Overhead Charge for non-readily available or in excess of 50 pages \_\_\_\_\_\_\_\_\_ 20% of tot. personnel cost \_\_\_\_\_\_\_\_\_**

**Remote Document Retrieval Charge……………………………………………. \_\_\_\_\_\_\_\_\_ Actual Cost \_\_\_\_\_\_\_\_\_**

**Miscellaneous Supplies Charged (labels, boxes and other supplies) \_\_\_\_\_\_\_\_\_ Actual Cost \_\_\_\_\_\_\_\_\_**

**Photographs ………………………………………………………………………………… \_\_\_\_\_\_\_\_\_ Actual Cost \_\_\_\_\_\_\_\_\_**

**Outsourced/Contracted Services…………………………………………………… \_\_\_\_\_\_\_\_\_ Actual Cost \_\_\_\_\_\_\_\_\_**

**Postal and Shipping Charge …………………………………………………………. \_\_\_\_\_\_\_\_\_\_ Actual Cost \_\_\_\_\_\_\_\_\_**

**Fax Charge:**

**Local …………………………………………………………………………………… \_\_\_\_\_\_\_\_\_\_ $0.10 per page \_\_\_\_\_\_\_\_\_**

**Long Distance-same area code …………………………………………… \_\_\_\_\_\_\_\_\_\_ $0.50 per page \_\_\_\_\_\_\_\_\_**

**Long Distance-different area code …………………………………….. \_\_\_\_\_\_\_\_\_\_ $1.00 per page \_\_\_\_\_\_\_\_\_**

**Inspection of Records:**

**Request for 50 or fewer readily available documents………... \_\_\_\_\_\_\_\_\_\_ No Charge \_\_\_\_\_\_\_\_\_\_**

**Request for more than 50 readily available documents…….. \_\_\_\_\_\_\_\_\_\_ Assessed \_\_\_\_\_\_\_\_\_\_**

**Deposit if estimated charges exceed $100.00 …………………… \_\_\_\_\_\_\_\_\_\_ ½ charges \_\_\_\_\_\_\_\_\_\_**

**Total Charges \_\_\_\_\_\_\_\_\_\_**

**Transfer charges to front page**