



CITY OF BURNET
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS
PLEASE PRINT ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public records. The City will respond to your request within ten (10) working days, however, due to personnel demands, schedules, and type of information requested, as allowed by law, the disclosure of records may take longer.

NAME: _____
PHONE: _____
ADDRESS: _____
EMAIL: _____

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

| Date of Request | Signature of Applicant |
|--|--|
| <p>TO: _____</p> <p>The information requested above is information 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.</p> <p>NOTE: Should there be a reason this information cannot be furnished in the time frame requested, please so note below and return this form to the PIO (City Secretary)</p> <p>_____ _____ _____</p> <p>Signature of Department Director required _____ Date _____</p> | <p>Date/Time Faxed/Delivered to Department:</p> <p>_____</p> <p>Date/Time Returned from Department:</p> <p>_____</p> |
| <p>REVIEWED BY PUBLIC INFORMATION OFFICER ON _____</p> <p>APPROVED FOR DISCLOSURE: ____ YES ____ NO (State Reason)</p> <p>REASON FOR NON-APPROVAL:</p> <p>_____ _____ _____</p> <p>SIGNATURE OF PIO: _____ Date _____</p> | <p>Log Reference: Page _____ of _____ Line Number _____</p> <p>Date Received: _____</p> <p>Time Received: _____</p> |
| <p>REQUIRES REVIEW BY CITY ATTORNEY: ____ YES ____ NO</p> <p>CITY ATTORNEY APPROVED FOR DISCLOSURE: ____ YES ____ NO (State Reason)</p> <p>REASON FOR NON-APPROVAL:</p> <p>_____ _____ _____</p> <p>APPROVAL BY CITY ATTORNEY: _____ Date _____</p> | <p>Date/Time Faxed to City Attorney:</p> <p>_____</p> <p>Date/Time Returned from City Attorney:</p> <p>_____</p> |
| <p>REQUIRES RULING FROM ATTORNEY GENERAL: ____ YES ____ NO</p> <p>ATTORNEY GENERAL APPROVED FOR DISCLOSURE: ____ YES ____ NO</p> <p>DATE OF APPROVAL FOR DISCLOSURE BY ATTORNEY GENERAL: _____</p> | <p>Date Mailed to Attorney General:</p> <p>_____</p> <p>Date Returned from Attorney General:</p> <p>_____</p> |
| <p>DATE DISCLOSED: _____</p> <p>FEES: \$ _____ (Calculation on Reverse Side) GENERAL RECEIPT # _____</p> <p>RELEASED BY: _____</p> | |

**CITY OF BURNET
PUBLIC INFORMATION CHARGES**

| | | |
|---|-------|------------------------------------|
| Standard-Size Copy (up to and including 8.5 inches X 14 inches) reproduced by copier or computer printer | | |
| a. 50 pages or less of readily available information | _____ | \$.10 per page _____ |
| b. in excess of 50 pages of readily available information | _____ | \$.85 first page _____ |
| | _____ | \$ + .15 ea. adtnl _____ |
| c. non readily available information | _____ | \$.70 first page _____ |
| | _____ | + .15 ea. adtnl _____ |
| | _____ | + personnel costs** _____ |
| Nonstandard-Size Copy | | |
| a. Diskettes | _____ | \$ 1.00 _____ |
| b. Tape Cartridge | _____ | \$38.00 (250mb) _____ |
| c. VHS video cassette/CD..... | _____ | \$ 5.00 _____ |
| d. Audio cassette | _____ | \$ 4.00 _____ |
| e. Paper copy (oversized) | _____ | \$ 1.00 _____ |
| f. Large Format Print..... | _____ | \$ 1.50/linear foot _____ |
| Personnel Charge - prorated | _____ | \$ 15.00/hr _____ |
| not charged for 50 or fewer readily available standard size form, or time of an attorney, legal assistant, or reviewer | | |
| Overhead Charge for non readily available or in excess of 50 pages | _____ | 20% of total Personnel Costs _____ |
| Computer Resource Charge – | _____ | \$ 1.00/hour _____ |
| Remote Document Retrieval Charge | _____ | Actual cost _____ |
| Miscellaneous Supplies Charge (labels, boxes, and other producing supplies) | _____ | Actual cost _____ |
| Photographs | _____ | Actual cost _____ |
| Outsourced/Contracted Services | _____ | Actual cost _____ |
| Postal and Shipping Charge | _____ | Actual cost _____ |
| Fax Charge | _____ | |
| Local | _____ | \$.10/page _____ |
| Long Distance-same area code..... | _____ | \$.50/page _____ |
| Long Distance-different area code | _____ | \$ 1.00/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