



Request for Public Information

PLEASE PRINT ALL INFORMATION: Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there may be times when the disclosure of records may take the total amount of time allowed by law.

Requestor Name: _____ Date of Public Information Request: _____

Address/City/State/Zip: _____

Name and Description of requested information: _____

I wish to receive copies of the requested information.

To receive copies I understand that I must pay ten cents (10¢) per page for documents that exceed 9 pages. Information copied onto non-standard size paper, computer disc, and other medium will require additional charges. An estimate of charges will be provided to me if the amount exceeds \$40.00.

I do not want copies but wish to inspect requested documents.

Please notify me when the documents will be available for inspection and/or how to schedule an appointment to view the information. I reserve the right to request copies after viewing the documents.

Contact me by:

Postal Mail Phone/Fax: _____ Email: _____

In making this request, I understand that the City of Alvin is under no obligation to create a document. I further understand that the information will be released in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand that the City of Alvin has ten (10) business days in which to request such a determination and/or to comply with this request.

 Requestor Signature Received by Receive Date

DO NOT WRITE BELOW THIS LINE – FOR CITY USE ONLY

ROUTED TO THE FOLLOWING DEPARTMENTS:			
ROUTED ON _____		RETURN BY _____	
		DATE RETURNED _____	
STAFF COMMENTS:			
FEE PAID:		PAGES:	
		FEE DUE: \$	
CATEGORY:			RELEASED BY
DUE DATE OF REQUEST:		EXTENSION DATE:	
		REVIEWED BY	
DATE SUBMITTED TO ATTORNEY GENERAL _____		NECESSARY FOR REVIEW BY CITY ATTORNEY () YES () NO	
DATE RETURNED FROM ATTORNEY GENERAL _____		APPROVED FOR RELEASE BY CITY ATTORNEY () YES () NO	
APPROVED FOR DISCLOSURE BY ATTORNEY GENERAL _____		REQUIRES RULING FROM ATTORNEY GENERAL () YES () NO	

Signature for receipt of Public Information Request: _____

Date Received Public Information Request: _____

City of Alvin - Fee Schedule

Texas Administrative Code Title I, Part 3, Chapter 70, Rule § 70.3

Accident Report	\$5
Notary – Public	\$5
Clearance Letter	\$2
Clearance Letter w/Notary	\$7
Other Documents	\$ 0.10/pg (first 9 pages no charge)
CD	\$1
DVD	\$3
Oversized Paper	\$0.50/pg
Specialty Paper	actual cost

*Labor charges will be applied after 50 pages and any other charges will be applied per the Texas Administrative Code.